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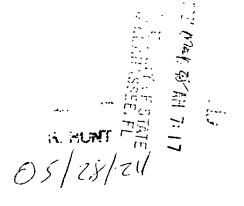
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## **COVER LETTER**

\* \*

TÖ:

TO: Registration S Division of Co			
	O SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LAMAR RUDD		
		Name of Person	
		Firm/Company	
	3212 OLD BAINBRIDGE	RD	
		Address	
	TALLAHASSEE, FL 3230		
		City/State and Zip Code	
	LAMAR.RUDD@GMAIL.	COM to be used for future annual report noti	fination
For further information	concerning this matter, please of		nearony
LAMAR RUDD		850 562-2222	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ction
	Corporations	Division of Cor	rporations
P.O. Box 63		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JACK PRO SERVICES LLC			
(Name of the Limi	ited Liability Compa (A Florida Limited)	iny as it now appears or Liability Company)	our records.)
The Articles of Organization for this Limited I Florida document number <u>L 2000 2 S</u> This amendment is submitted to amend the fol  A. If amending name, enter the new name of	Liability Company 52639 Lowing:	were filed on <u>08</u>	117 2020 and assigned
•	of the minited had	mitty company nete.	
TRADERS AUTO AND REPAIR LLC  The new name must be distinguishable and contain the	words "Limited Light	lity Company " the design	nation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if apple		3212 OLD BAINBI	
(Principal office address MUST BE A STREA	TALLAHASSEE, FL 32303		FL 32303
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)		257174127 
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our reco	rds, enter the name of the new register
Name of New Registered Agent:	RAYMOND R	UDD	<u></u>
New Registered Office Address:	3212 OLD BA	INBRIDGE RD  Enter Florida	street address
	TALLAHASSI		, Florida 32303
		City	, r iorida Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RAYMOND L RUDD	3208 OLD BAINBRIDGE RD32303	■ Add
			□Remove
			□Change
MGR	Jilma M Rudd	3208 old Bainbridge Vol 3	50303 <b>個</b> Add
			Remove
			□Change
			🗀 Add
			🗀 Remove
		<del> </del>	Change
			□Add
			□ Remove
			Change
			□Remove
			Change
			□Add
			Remove
			Ti Changa

	FEIN NUMBER IS CHANGED TO 99 - 3146343
	11 0116373
· FF our	tive date, if other than the date of filing: (optional)
Note	tive date, if other than the date of filing:
d is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
<b></b>	1 7/9/24 Mm NIM
	1 // / / - /

Filing Fee: \$25.00