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2022 FEB -3 AH 6: 47
SECRETARY OF STATE
TALL ANASSES

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## **COVER LETTER**

TO: Registrati Division o	on Section f Corporations				.*
SUBJECT:	Almeida /	Auto Boo	ly LLC		
		Name of Li	Miled Liability Company		
The enclosed Articl	es of Amendment a	nd fee(s) are su	bmitted for filing.		
Please return all cor	respondence concer	ming this matte	er to the following:		
		Tadev A	ntunes De Alr	neida	
			Name of Person		
			Firm/Сотралу	· · · · · · · · · · · · · · · · · · ·	
	450	07-2 SL	unbeam Rd Address		
	J	acksonv	ille Fl 32257		
			ille, FL 32257 City/State and Zip Code		
	a	Im eidaac	utobody1@gm (to be used for future annual	ail.com	
For further informa				report notification)	
	unes De Aln	neida	at ( 904 )	405 9660	<u> </u>
N	ume of Person		Area Code	Daytime Telepho	one Number
Enclosed is a check	for the following as	mount:			
₹\$25.00 Filing F		Filing Fee & cate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A			Street A		
_	ion Section of Corporations			ation Section n of Corporatio	ns
P.O. Box	6327		The Ce	ntre of Tallahas	see
Tallahace	ee FI 32314		2415 N	Monroe Street	Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB -3 AM 6: 48

Almeida Auto B	body LLC	SECRET	48YOE STATE	
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appe ted Liability Company	ars on our records A	HASSEE, FL	
The Articles of Organization for this Limited Liability Compa	any were filed on _	08/20/2020	and assigned	
Florida document number L20000256897				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company l	here:		
Almeida Auto Body a The new name must be distinguishable and contain the words "Limited Li	and Towin	q LLC_		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the	designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			• • • • • • • • • • • • • • • • • • • •	
B. If amending the registered agent and/or registered offic	ce address on our	records, enter the nam-	e of the new register	
agent and/or the new registered office address here:	ee addi ess on our	records, enter the main	or the men register	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida	Zip Code	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Age	nt:			
I hereby accept the appointment as registered agent and a	agree to act in this	s capacity. I further agr	ee to comply with i	

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 Registe	ered Agent, Signatur	e 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>	Name	Address	Type of Action
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If an effective d Note: If the	late is listed, the date inserted in	an the date of the ate must be specificated this block does to the Department	ic and cannot be p not meet the app	olicable statutory	or more than 90 filing requirem	(optional) days after filing.) P eents, this date wi	ursuant to 605.0207 (3 Il not be listed as th
e record speci rd is filed.	ifies a delayed e	ffective date, bu	it not an effectiv	re time, at 12:01 a	i.m. on the earl	ier of: (b) The 9	Oth day after the
Dated	01/	29/2022	!	·/	/		
			4		>		
			<b>\</b> /	Con Elimina			
_		Signature	of a member or a	uthorized represent	tative of a member	er	<del></del>

Filing Fee: \$25.00