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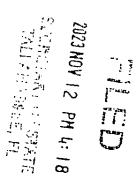
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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O SIMMONS

COVER LETTER

	of Corporations
SUBJECT:	Prepare Anto Prepare LLC. Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Alexander Bryd Name of Person
	Prepare Anto Repair LLC Firm/Company
	7105 Park Tree Drive
	City/State and Zip Code DYOBSXELA @ gmail. Com E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
A	Name of Person at (813), 597-9832 Area Code Daytime Telephone Number
	Auto Code Dayanie Pelephone Manuel
Enclosed is a chec	ck for the following amount:
□ \$25.00 Fiting	Fee \$\Bigcup \$30.00 \text{ Filing Fee & Certificate of Status}\$\Bigcup \$\$55.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$\$ Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

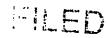
	OF
Predake	Auto Prepare LLC
Name of the Limited Liability Company as it now appears on our records? (Name of the Limited Liability Company) SERMARY - STATE The Articles of Organization for this Limited Liability Company were filed on September 29, 2020 and assigned Florida document number L2000306573. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Prepare Auto Repair LC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida Time Code	
(A Flonda	CERTIFIC Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on September 29, 2020 and assigned
Florida document number <u>L20000306573</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
Prepare Au	ito Repair LLC
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 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



Title	<u>Name</u>	Address	2023 NOV 12 PM 4: 19 TO SAURCHARY OF STATE TALLAHISBEE, FL	
				Remove
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	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	2023 NOV 12 PM 4: 18
	SPORTARY TEXTS
	TALL SHASHER, FL
an effectiv lote: If th	date, if other than the date of filing: 012020 (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (need to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to seffective date on the Department of State's records.
record sp l is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	November 6 2020
	Signature of a member or authorized representative of a member
	Alex Boyd Typed or printed/name of signee