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COVER LETTER

TO:

Registration Section

TO: Registration Section Division of Corporations	•
SUBJECT: B.T.B.F. Aut	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
John	Guerriero Name of Person
	Name of Person
BIBE	Auto Sales Shepair LLC
1963 5	heeler Ave Address
1 poplar john 9 E-mail add	1 City/State and Zip Code auto Sqles, com ress: (to be used for future annual report notification)
For further information concerning this matter, ple	
John Guerriero	at (C10) 620-10127 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of State	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B.T. B. F. Auto Sal	les & Repair	LLC	
(<u>Name of the Limited Liah</u> (A Flor	pility Company as it now appears ida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number 20003166-		5-7-26	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li-	mited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "L	imited Liability Company," the des	signation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			2020
(Principal office address MUST BE A STREET ADI	DRESS)		<u> </u>
			7 -
Enter new mailing address, if applicable:			PH D
(Mailing address MAY BE A POST OFFICE BOX)			. 15
			7
B. If amending the registered agent and/or register agent and/or the new registered office address here		cords, <u>enter the name o</u>	f the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	la street address	
		, Florida	
-	City	, F 101 IU2	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 at or removed from our records:

MGR = Manager AMBR = Authorized Member

Title IMBR /MCO	Name John Guerriero	Address 1903 Sheeler Ave Apopka FC 32703	Type of Action
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If amending	any other inform		~-	(Attach addi	itional she	ets, if neces	sary.)	
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Filing Fee: \$25.00