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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations				
	TO BODY LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MARIELA RIVERA GAS	SCOT			
		Name of Person			
		Firm/Company			
	160 C STREET				
	Address				
	ORANGE CITY, FL 3276				
		City/State and Zip Code	•		SE 20
	JCLAUTOBODY@HOTM	AIL.COM			ZI SE
	E-mail address: (to be used for future annual	l report notification	1)	7 P
For further information c	oncerning this matter, please c	all:			
MARIELA RIVERA GASCOT 407 202-7303 at (2021 SEP 21 AM 9: 57 SECKED 15: 18: 15: 15: 15: 15: 15: 15: 15: 15: 15: 15		
Name o	l Person	Area Code	Daytime Telep	shone Number	57
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy radditional copy is en		Certified (e of Status &
Mailing Addres	ss:	Street A	Address:		
Registration Section			ration Section		
Division of C			on of Corporat		
P.O. Box 632	27	The Co	entre of Tallah	assee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JCL AUTO BODY LLC				_
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Compan	y)		
The Articles of Organization for this Limited L Florida document number 1,20000330509		10/19/2020	and	assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company	here:		
The new name must be distinguishable and contain the	and of highest tability Commons "1	ha decimation "I I (" or)	the abbreviation	"I I C"
		ic designation (3.3.) Or (ne anne matum	140.20%
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			- -
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and/or			70°	202
B. If amending the registered agent and/or	registered office address on ou	ir records, <u>enter the</u>	name of the	new registere
agent and/or the new registered office addre	ess nere:			N :==
Name of New Registered Agent:	MARIELA RIVERA GASCO	Т	135 135	
New Registered Office Address:	460 C STREET			
rion registered strice riddress.	Enter	Florida street address	<u> </u>	57
	ORANGE CITY	, Florid	la <u>32763</u>	
	City		Zip Ce	rde =

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	JOSUE RIVERA HERNANDEZ	160 C STREET	
		ORANGE CITY, FL 32763	■Remove
AMBR	MARIELA RIVERA GASCOT	160 C STREET	= Add
		ORANGE CITY, FL	□Remove
			□Change
			□Add
			Remove
			☐ Change
			207 3 SEI
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				17.75	: 57	
Tective date, if other than the dat in effective date is listed, the date must be s	e of filing:	<u></u>	(optional)		
ite: If the date inserted in this block cument's effective date on the Depar	does not meet the applic	able statutory filing re				
ceord specifies a delayed effective datisfiled.	e, but not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) T	he 90th da	ay after	the
SEPTEMBER 16TH	2021	<u> </u>				
	1/1/1	·/				
	11/1/1/1/					

Filing Fee: \$25.00