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COVER LETTER

CI:	Name of Limit	led Liability Company	
losed Articles of .	Amendment and fee(s) are subt	nitted for filing.	
eturn all correspo	ndence concerning this matter t	to the following:	
	DANNY WAGONER		
		Name of Person	
	WAGONER REPAIR SER	VICES U.C	
		Firm Company	
	8169 ABC ROAD		· · · · · · · · · · · · · · · · · · ·
		Address	
	BARTOW, FL 33830		
		City/State and Zip Code	
			ituation)
ther information o			иканону
Name o	f Person	Area Code Daytin	ne Telephone Number
ed is a check for t	ie following amount:		
5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ 855,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
			l allahassee be Street, Suite 810
	ther information of the information of the information of the eturn all correspondence of the information of	DANNY WAGONER DANNY WAGONER WAGONER REPAIR SER 8169 ABC ROAD BARTOW, FL 33830 DOWAGONER33/@YAHO E-mail address: (6) ther information concerning this matter, please of Person ANNY WAGONER REPAIR SER	Division of Corporations WAGONER REPAIR SERVICES LLC Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: DANNY WAGONER Name of Person WAGONER REPAIR SERVICES LLC FrancCompany 8169 ABC ROAD Address BARTOW, FL 33830 City/State and Zip Code DDWAGONER33/gc YAHOO.COM E-mail address: (to be used for future annual report not their information concerning this matter, please call: ANN YAGONER BEARD & SERVICES LLC FrancCompany State Code DDWAGONER33/gc YAHOO.COM E-mail address: (to be used for future annual report not their information concerning this matter, please call: ANN YAGONER BERVICES LLC FrancCompany State Code DDWAGONER33/gc YAHOO.COM E-mail address: (to be used for future annual report not differ information concerning this matter, please call: ANN YAGONER BERVICES LLC FrancCompany State Code DDWAGONER BERVICES LLC FrancCompany State Code SSS-000 Filing Fee & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of The Ce

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAGONER REPAIR SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/19/2021 and assigned Florida document number L21000035108 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 it. 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

Title	<u>Name</u>	Address	Type of Action
AR	DANNY WAGONER	S169 ABC ROAD	<u>≡</u> Add
		BARTOW, FL 33830	
			Change
			□Renawe
			□Add
			⊡Renave
			Change
	-		
			□Remove
			Thange
			
			Петиче
			Change

STATE THAT I AM THE OW?	NER OF THE BUSINESS. THEREFORE I PUT MYSELF AS THE
AUTHORIZED REPRESENTA	ATIVE.
	
	
- 1-Total-to-	
ctive date, if other than the da	ite of filing: (optional)
effective date is listed, the date must be e: If the date inserted in this block	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0. I does not meet the applicable statutory filing requirements, this date will not be listed
iment's effective date on the Depar	rtment of State's records.
ord specifies a delayed effective da filed.	ate, but not an effective time, at 17:01 a.m. on the earlier of: (b). The 90th day after the
october 22	2021
\mathcal{A}	Typed or primed name of signee
Janny	X Wiegother