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	(Requestor's Name)	
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☐ PICK-	J. WAT	MAIL
	(Business Entity Name	•)
	(Document Number)	
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Special Instruction	ns to Filing Officer.	

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SECRETARY OF STATE

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COVER LETTER

ro: Registration Secti Division of Corpo			
(4	R. G. Auto UC		
SUBJECT:	Name of Limited	I Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	nendment and fee(s) are submi	tted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Omar Ras	Shad Garrett Name of Person	
	J.R.G. A	to UC Firm/Company	
	106 W. Se	neca Avenue Address	
	Tampa, FI	L 33612 City/State and Zip Code	
	E-mail address: (to	be used for future annual report notifi	cation)
For further information co	ncerning this matter, please cal		
	nod Garrett	at (<u>813</u>) <u>854</u> Area Code Daytime	- 75 US Telephone Number
Enclosed is a check for th	e following amount:		
№ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & 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

J. R. G. Aud (Name of the Limited Liab	b LLC litty Company as it now appears on or ida Limited Liability Company)	ir records.)	<u></u>
The Articles of Organization for this Limited Liability Florida document number	Company were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designat	tion "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET AD	DRESS)		- 13 133
			•
Enter new mailing address, if applicable:			2
Mailing address MAY BE A POST OFFICE BOX)	·	グロ: (第17) (17)	
	<u></u>		∞ <u>√</u>
B. If amending the registered agent and/or registengent and/or the new registered office address her		ds, enter the name of	the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	treet address	
		, Florida	
	City		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, Thereby confirm that the limited liability company has been notified in writing of this change.

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

AGR = Manager

MBR = Authorized Member

Title Name Address Type of Action

MGR Christina Poston 106 W. Seneca Avenue DAdd

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ote: If the date i	other than the disted, the date must inserted in this blooking date on the De	ick does not me	et the applicat	date of filing or mor lie statutory filing	(option of the control of the contro	onal) filing.) Pursuant to 605. date will not be liste
record specifies : is filed.	a delayed effective	e date, but not a	n effective tim	ne, at 12:01 a.m. or	n the earlier of: (b) The 90th day after
ated <u>Apri</u>	1 27		2021	-·		
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