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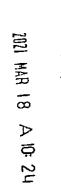
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: FD	Hernandez Name of Limi	vefair Serices ited Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Enberto	Pena Name of Person Ephemando	repairserices.
	3875 San	Poblord S A	pt #1002
	Jachsonvill	L FL 322a City/State_and Zip Code	4
	EphSorvias:	to be used for fully re annual report not	ification)
For further information co	ncerning this matter, please ca	all:	
Eriberto Name of	Person	at (<u>904</u>) <u>386 -</u> Area Code Daytin	6561 ne Telephone Number
Enclosed is a check for the	· following amount:		
Z \$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 So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rection Proporations Proporatio

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ep hernandez refair services			
(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 12,2000 22,20 Florida document number 121000087427.	Isc	and as	signed
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 t	he abbrev	iation "L	LC."
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 agent and/or the new registered office address here:	name of	the ne	w registered
Name of New Registered Agent:	·:	2021	
New Registered Office Address:		MAR	1]
Enter Florida street address		18 A	17
City	- Z	Zi ⊈ ode	
New Registered Agent's Signature, if changing Registered Agent:		Ŋ	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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record specifies a de	elayed effective date, bu	it not an effective tir	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
d is filed.						

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