LZ1000128240

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21 JUH - I PH 3: 50

COVER LETTER

TO: Registration Section Division of Corporations

A MASTE SUBJECT:	RS TOUCH AUTO RECOND	TIONING LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JOSEPH D. LONG			
		Name of Person		
	A MASTERS TOUCH AU	JTO RECONDITIONING LLC		
	Firm Company			
	6706 KINARD RD			
		Address		
	PLANT CITY, FL 33565			
	_	City/State and Zip Code		
	JOEDALELONG@GMAIL	COM to be used for future annual report notif	7	
For further information e	concerning this matter, please co	·	icanon)	
IOSEPH D. LONG		813 484-6550		
Name o	rt Person	at () Area Code — Daytime	: Telephone Number	
Inclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	i <u>s:</u>	Street Address:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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** Salar Art Art St.

A MASTERS TOUCH AUTO RECONDITIONING LLC

21 JUN-4 PH 3:50

(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 Compa	my were filed on 03/18/2021	and assigned
Florida document number L21000128240		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and comain the words "Limited Li	ability Company," the designation "LL	C" 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 offic	ce address on our records, enter	r the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	
	, F	lorida
	City	

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member 21 JUN -4 PH 3: 50 <u>Name</u> **Title** Type of Action Address DOROTHY L.LONG MGR 6706 KINARD RD PLANT CITY, FL 33565 __________________□Change _____ □Add ____ ____ ___ ___ ___ ___ ___ \text{Change} ___ ___ □ Remove _____ □Remove ______ Change ______ Change _____ Remove

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Tective date, if other than the date of filir	ng: (optional) nd cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of	State's records.
record specifies a delayed effective date, but no is filed.	of an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
ated	2021
ited	
4	# - ,
Sidney of the state of the stat	member or authorized representative of a member

Typed or printed name of signee