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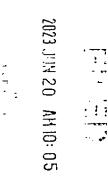
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

Carlos W. De Jesus Jr., LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Carlos W. De Jesus Jr. Name of Person Firm/Company 11800 NW 43rd Place Address Sunrise, Florida 33323 City/State and Zip Code carlos.dcareconstruction@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carlos W. De Jesus Jr. Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		- <u></u>	
Carlos W. De Jesus Jr., LLC		27.	20
(Name of the Limited L	iability Company as it now appears on our record lorida Limited Liability Company)	<u>ds.</u>) , '	
(///	Torida Elimica Elabrity Company		<u> </u>
The Articles of Organization for this Limited Liabi	lity Company were filed on April 5, 2021		aijd assigned
Florida document number L21000155672	·		J.
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
De Jesus Crash Analysis & Reconstruction, LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	2" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable	a•		
(Principal office address MUST BE A STREET A	DDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	X)		
Prairing address Mill BE II FOOT WITTEE BOX	<u> </u>		
			
B. If amending the registered agent and/or regis	tored office address on our records onter	tha nama	of the new registered
agent and/or the new registered agent and/or regis		the name	of the new registered
	<u></u>		
No. 11 CAN 11 Dec. 12 Acres Advantage			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre.	S.S	
	, FI	lorida	
-	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, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add 023 Un Remove
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	t be specific and cannot be prior to ock does not meet the applica			g.) Pursuant to 605.0207 (
he record specifies a delayed effective ord is filed.	e date, but not an effective tin	ne, at 12:01 a.m. on the c	arlier of: (b) T	he 90th day after the
Dated June 12	2023			
	/1/ /W	ized representative of a me		

Typed or printed name of signee