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(((H21000268804 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 : (561)844-3600 Fax Number : (561)842-4104

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LYNN. MASTER AUTO CARE (DAMAIL. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 222 N. OLD DIXIE HIGHWAY, LLC

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Page Count	03
Estimated Charge	\$30.00

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COVER LETTER

	tegistration Section Division of Corporations		
cup ic	222 N. OLD DIXIE HIGHWA'		
SUBJEC	N N	ame of Limited Liability Company	
The enclo	sed Articles of Amendment and fee	r(s) are submitted for filing.	
Please rev	urn all correspondence concerning	this matter to the following:	
	Peter R. Ray, E.	aq.	nen Association of the second
	 -	Name of Person	
	Cahen Norris W	nen E	
	712 U.S. Highw	8. S	
		Address	
	North Palm Bea	ich, FL 33408	7
		City/State and Zip Code	
	Lynn.masterauto	· · ·	
	E-mi	il address: (to be used for future annual r	eport notification)
For furthe	r information concerning this matte	er, plcase call:	
Lynn Rec	ves	56] 844 at ()	-3600
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amoun	t:	
\$25.0	0 Filing Fee \$30.00 Filing Certificate o	Foc & S55.00 Filing Fee & Certified Copy (additional copy is enci	Certificate of Status &

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

222 N. OLD DIXIE HIGHWAY, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L21000205069		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		<u> </u>
		 _
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	22
	, F	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.

07-13-21 10:07am From-

T-040 P.04/05 F-562

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 H218682688043

<u>Title</u>	Name	Address	Type of Action
MGR/ AMBR	DOUGLAS F. PILLA	222 N OLD DIXIE	∌Add
		JUPITER, FL 33458	□Remove
			Change
			_ 🗀 Add
			□Remove
			□Change
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e record specifies and is filed.	a delayed effective	date, but no	t an effective	time, at 12:01	a.m. on the e	arlier of: (b)	The 90th day aff	ter the
Dated JULY 13	+1/1-		2021	·				
	M'/M	λ						
	My Mar	Signature of a	member or au	thorized represe	entative of a me	mber		

Filing Fee: \$25.00