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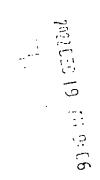
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COVER LETTER

Division of Corp			u
SUBJECT: AMZ	auto Paintino	master, lla	
	Name of Limited	Liability Company 1	
The enclosed Articles of A	Amendment and fee(s) are submitt	ted for filing.	
Please return all correspon	idence concerning this matter to the	he following:	
	Alvaro m	MHING ODES) -
	Amz auto	· · ·	Mer IIC
	10 Lancaster	Dr 10+99	7072 DEC 19
	Lake worth	T(33463	· · · · · · · · · · · · · · · · · · ·
	<u>amzavtopa</u>	n+@ icloud. cused for future annual report notif	iom
For further information con	ncerning this matter, please call:		
alvaro Mais	tines hpes	at (501) 670 - Area Code Daytime	7434 e Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	S30.00 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 Address: Registration Se	ection	Street Address: Registration Sec	
Division of Cor P.O. Box 6327		Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ' TO ARTICLES OF ORGANIZATION **OF**

HMZ WHO H	anting Master LC
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Companies Lalooal 7779	by were filed on $05/0001$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Liab	bility 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)	849 15th 5t hay 5 -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1949 15th st bay 5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 849	15th street bay 5
Lake	Enter Florida street address PACK Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	ng cour

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 Changing Registered Agent, Signature of New Registered Agent

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
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		Lave Park FC 33403	□Remove
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ecord specifies a delayed is filed.	l effective date, but	t not an effective	e time, at 12:01	a.m. on the earlie	r of: (b) The 900	th day after t
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	# **	of a member or au	thorized represen	tative of a member		