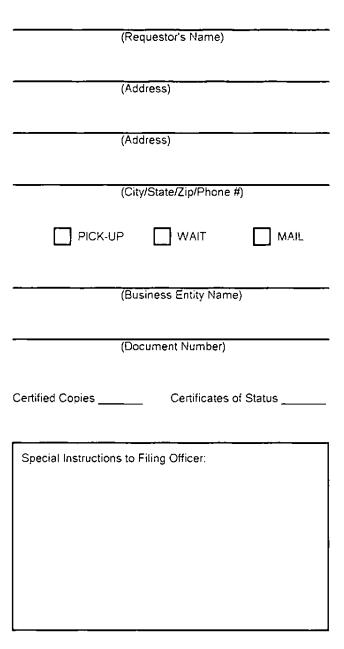
L21000223758



Office Use Only

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COVER LETTER

TO:	Registration Se Division of Cor			N Z
SUBJEC	CT: RE	Motorcycle & S. Name of Limit	mall Engine Repair ted Liability Company	LLC
The enc	losed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please re	eturn all correspo	ondence concerning this matter t	to the following:	
		Ricardo G	Name of Person	<u> </u>
		RèE Mohrayole	Firm/Company	eair LLC
		15894 76th R	Address	
		Loxulatchee F	F1. 33470 City/State and Zip Code	
			N. COM to be used for future annual report not	
For furtl	her information c	concerning this matter, please ca		·
Rica	rdo Gonz	alez	at (<u>561</u>) 472-	43 5 2
	Name o	of Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for t	he following amount:		
□ \$ 25	5,00 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 Address: Registration Section Division of Corporations		Street Address: Registration Se Division of Co	rporations	
	P.O. Box 63: Tallahassee.		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RE E Motorculce & Small Engine Repair LLC

(<u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Compan	<u>y)</u> y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L21000223758</u> .	05/13/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
2nd Amendment Concealment LLC. The new name must be distinguishable and contain the words "Limited Liability Company," to	ne 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 address on ou agent and/or the new registered office address here:	r records, enter the name of the new registered
	$\tau_{\rm e} \sim \epsilon$
Name of New Registered Agent:	
New Registered Office Address:	Florida street address
LIKU	Clavida

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.

City

Zip Code

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>	Name	Address	Type of Action
AR_	Ivet Gonzalez	15894 76th Rd N.	□Add
		Loxa hutcher F1. 33470	©Remove
		<u></u>	
MGR	Eric Maldonado	15894 4644 Rd N.	©Add
		Loxahabhee F1. 33470	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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Note:	ve date, if other than the date of filing:
e recoi rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	Signature of a member or authorized representative of a member
	Helianal
	Signature of a member or authorized representative of a member

• •

Filing Fee: \$25.00