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(Requestor's Name)
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то:

Registration Section Division of Corporations

Lina's Gar	rage LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jesus Linares		
		Name of Person	
	Lina's Garage LLC		
		Firm/Company	
	7320 SW 141 Ave		
		Address	
	Miami, FL 33183		
		City/State and Zip Code	
	linasgarage10@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Jesus Linares		786 4523874	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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 Address Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Seduction of Core The Centre of T	porations
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

TO

ARTICLES OF ORGANIZATION **OF**

Lina's Garage LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan	
Florida document number 1.21000364085	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility 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)	
	الله الله الله الله الله الله الله الله
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent	City Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ana accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Act
MGR	Jesus Linares	7320 SW 141 Ave Miami FL 33183	□Add
			□Remove
			■Change
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Tective date, if other than the date of filing: _ an effective date is listed, the date must be specific and car ote: If the date inserted in this block does not mee	08/17/2021 anot be prior to to the applica	o date of fili ble statuto	ng or more t	han 90 days a	ptional) fter filing.) this date w	Pursuant to	> 60 : li:
ocument's effective date on the Department of State	e's records.		, ,	•			
			1 1	ne earlier of	: (b) The	90th day	afi
	effective tir	ne, at 12:0	i a.m. on u	ic carner or			
is filed.	effective tir	ne, at 12:0	1 a.m. on 0	ic carrier of			
record specifies a delayed effective date, but not an is filed. August 17th Signature of a mea	2021		<u></u>				_