LZ1000392867

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21 SEP 20 PH 1: 20

COVER LETTER

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enn rez		CH REPAIRS LLC		•	
SUBJEC	1:	Name of Lim	nited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		CARLOS PEREZ			
			Name of Person		
		C PEREZ PROFESSIONA	AL SERVICE INC		
	Firm/Company				
		4343 W WATERS AVE			
			Address		
		TAMPA, FL 33614			
			City/State and Zip Code		
		E-mail address: (to be used for future annual report no	ilication)	
For furthe	r information c	oneerning this matter, please c	all:		
CARLOS PEREZ			813 249-2300 at ()		
	Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25.0	0 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 Section		Street Address: Registration So	ection		
Division of Corporations			Division of Co	rporations	
	P.O. Box 632 Fallahassee, I		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&A WATCH REPAIRS LLC 21 SEF 20 PH 1: 20

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/01/2021}{}$ and assigned Florida document number L21000392867 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) 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 our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Address SEF 20 PH 1: 20 Title Name Type of Action AMBR YUMIRA TAMAYO RODRIGUE. 6603 LARIMER DR, TAMPA FL 33615 _____ □ Add _____ □Remove ______ ■Change □Add ______ □Remove _____ □Remove _____ □Change _____ 🗀 Add _____ □Remove _____ □Change

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Filing Fee: \$25.00