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T. MATTHEWS MAR 17 2022

COVER LETTER

TO:

Registration Section

Division of Cor	porations		•
CHDIFCT.		TO WORKS LLC	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
	Name of Limited Etability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: LOVETTE DOBSON Name of Person		
		Firm/Company	
	17350 STATE HWY 249.	#220	
		Address	
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO		
	E-mail address: (to be used for future annual report n	otification)
For further information c	oncerning this matter, please c	all:	
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration 9	Section	Registration S	
Division of C P.O. Box 632	•		•
Tallahassee, 1			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S&S AUTO V	VORKS LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our reco Liability Company)	<u>rds.</u>)
he Articles of Organization for this Limited Liability Company orida document number 1.22000015088		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	bility company here:	
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "Ll	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u>.</u>
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Maning dauress MAT BE A POST OFFICE BOX		
i. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, ente	er the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	Ciţ	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.

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
AMBR	Spiro Romero	25300 Punta Madryn Ave	□Add
		Punta Gorda, FL 33983	_
			□Change
			bbA□
			□Remove
			□Change
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fective date, if other than the neffective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	ick does not meet the applica	to date of filing or more than able statutory filing requi	(optional) 90 days after filing.) Pursua rements, this date will no	ant to 605,020 of be listed a
ecord specifies a delayed effective is filed.	date, but not an effective til	me, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
ted	. 2022	<u> </u>		
	0.	1 martin		
	Signature of a member or author	X I HULLUN		

Filing Fee: \$25.00