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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section
Division of Corporations

NV AUTO SUBJECT:	REPAIR 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:		
	Eric Taylor			
		Name of Person		
	NV AUTO REPAIR LLC			
		Firm/Company	,, <u>u-</u>	
	3357 SW 42ND AVE			
		Address	<u> </u>	
	PALM CITY, FL		•	
		City/State and Zip Code		
	repaire@bellsouth.com			
	E-mail address: (to be used for future annual report noti	ification)	
For further information c	oncerning this matter, please c	all:		
Eric Taylor		772 285-1226		
Name o	f Person	Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose	
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	
Registration S Division of C	Section Torporations 7	Registration Se Division of Co The Centre of T	rporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NV AUTO REPAIR LLC (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 $\frac{01/11/2022}{}$ and assigned Florida document number ______L22000024436 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: ERIC TAYLOR 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.

City

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
MGR ERIC TAYLOR	ERIC TAYLOR	3357 SW 42ND AVE	= Add
		STE B	□Remove
		PALM CITY.FL 34990	□Change
MRG CLOE TAYLOR	CLOE TAYLOR	3357 SW 42ND AVE	□Add
		STE B	= 0
		PALM CITY.FL 34990	
			□Remove
			□Change
			□ Add
		·	□Remove
			☐ Change
			Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
•	 _
,	
If an ef Note:	tive date, if other than the date of filing: [1/27/2023 12:01am
e reco rd is fi	rd 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 iled.
Dated	January 27th. 2023
	Signature of a member or authorized representative of a member
	Typed or printed name of signee