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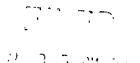
### **COVER LETTER**

SUBJECT: A J 5 Romolding + Replains hhc  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Annoted Rosen Al
A55 Remoldin, + Repaires LLC
7071 PALAZZO 12 eu Ce Address
Boyn Ton Boar of 11 37437  City/State and Zip Code
JE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Arrich Deson Hal at (954) 4486660  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	-2 (4) 2: 4:
AJS Remold, (Name of the Limited Liabil) (A Florid	Ty Company as it now appears on our records.)  Thinted Liability Company)
The Articles of Organization for this Limited Liability of Florida document number 1,22,000349	Company were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the line  A J S R em ode in  The new name must be distinguishable and contain the words "Li  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADD)	Ated Liability Company," the designation "LLC" or the abbreviation "L.L.C."  NA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	1/4
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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
	N/A		□Add
	/		Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		□Add	
		Remove	
			Change
			□Add
			Change
			□Add
			□Remove
			Change

.1 апсі	ading any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
he reco	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
ord is f	led.
	1 /5/28
Dated	- 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	( made ) Carulter
	1 2 2
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00