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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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DIVISION OF CORPORATION

22 MAY 13 AM IO: 21

T. MATTHEWS

JUL 13 2022

PREMIER SUBJECT:	DIESEL REPAIR LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHRISTIAAN TORRES		
		Name of Person	
	PREMIER DIESEL REPL	AR LLC	
		Firm/Company	,
	206 FLAMINGO DRIVE		
		Address	
	APOLLO BEACH FL 335	572	
		City/State and Zip Code	
	CHRISTIAANTORRES @		
	E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
CHRISTIAAN TORRES	3	813 618-9027	
Name o	f Person		ime 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	•

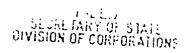
Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 MAY 13 AM 10: 21

PREMIER DIESEL 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 we Florida document number L22000057924	ere filed on 02/03/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y 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)		
-		
F-A		
Enter new mailing address, if applicable: (Mailing address MAV RE A POST OFFICE ROY)	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	ress on our records, enter the nar	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	ZIP Coae
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad company has been notified in writing of this change.	rformance of my duties, and I am vided for in Chapter 605, F.S. Or	familiar with and ;; if this document is

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	ASHLEY WRONKA	206 FLAMINGO DRIVE APOLLO BEACH FL 335	72 □Add
			= Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗆 Add
			□Remove
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Filing Fee: \$25.00