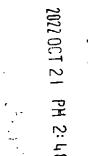
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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
	(only, out or 2 per more of
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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Special Instructions to	o Filing Officer:



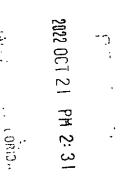


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COVER LETTER

TO: Registration Se Division of Coa	rporations		
SUBJECT:	Pathon	Auto Repair L ited Liability Company	Lc
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:	
	Jorg	n VelvZ	<u>.</u>
	<i>0</i>	Name of Person	
	Python	Name of Person Auto Repair Firm/Company	<u> </u>
		Firm/Company	200
	910	1111 12 / 1000	22 0
		Address	· CI
	Fact Lundon	date 51 227	2022 OCT 21 PH 2: 48 Hatoocom inication)
	Laborri	City/State and Vin Code	<u> </u>
	Corre	200111 2020 D	HaHoocom ?
	E-mail address. (to be used for future annual report noti	itication)
For further information of	concerning this matter, please c	all:	
Jorgi	Velez	at (<u>.561)</u> 371 S Area Code Daytim	:673
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
State	☐ \$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)
			\sim
Mailing Addre	ss:	Street Address:	-
Registration	Section	Registration Sc	
Division of C	•	Division of Cor	
P.O. Box 632 Tallahassee,		The Centre of T	e Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF	ORGANIZATI	ON	20	
	OF		2022 OCT	
			0C	8 1
(Name of the Limited Liability Com	pany as it now appears (d Liability Company)	on our records.)	-: 2	1 ()
(A Fiorita Emilies	Telability Company)		<u> </u>	7
The Articles of Organization for this Limited Liability Compar	ny were filed on0	4-05-2022	and assign	ed
Florida document number <u>38 1609843</u> .			&	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here	2:		
Python	Auto 1	hepair L	<u> </u>	
The new name must be distinguishable and contain the Words "Limited Lia	bility Company," the desi	gnation "LLC or the al	bbreviation "L.L.C	•
Enter new principal offices address, if applicable:		NW B to		
(Principal office address MUST BE A STREET ADDRESS)	Fort L	<u>auderdale</u>	FI, 3331	<u> </u>
				
Enter new mailing address, if applicable:	<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)		,	í 	
				·
		and autom the nam	ua of the new n	anictarial
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	ords, <u>enter the nan</u>	ne of the new ro	egistereo
Name of New Registered Agent:				
New Registered Office Address:	P Cl	a street address		
	Emer rioridi	a sireer accuress		
<u></u>		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>	<u>Address</u>	Type of Action
			Remove
			Change 2022 Remove
			□Add
			Change
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Note: 1	ve date, if othe ctive date is listed, If the date inserte ent's effective da	d in this block d	ocs not meet	the applicab	date of tiling or le statutory fil	more than 90 d ng requireme	_ (optional lays after filing ents, this date) g.) Pursuant g will not l	to 605.02 be listed	207 as
record d is file	l specifies a delay ed.	ed effective date	:, but not an e	ffective time	e, at 12:01 a.m	. on the earli	er of: (b) T	he 90th da	y after th	he
Dated _	10-2	1-27	·		·					
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		Signa	1/	er or authoriz	æd representati	e of a membe	Г			