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(Re	equestor's Name)		
(Ad	ldress)		
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PICK-UP	☐ WAIT	MAIL	
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	OCT 26 2022		

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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Poiceless 18 wheeles & Diesel Repair, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alvin Tecico Jo
Pciccless 18 wheeler + Diesel Repair
706 West st Auc
Tallahassee Fl 32303 City/State and Zip Code Poiceless se fair 1 @ Gmail com E-mail address: (to be fised for future annual report notification)
Paiceless (to be used for inture annual report notification)
For further information concerning this matter, please call:
Alvin T Pelce de at (786) 767-0701 Name of Person at (786) Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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 \$10 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FII ED

2022 OCT 26 PM 1: 32

(Name of the Limited Liability Company as (A Florida Limited Liability Company as	le (i Die Se h now appears on our records.)	OSE CHETARY DE 2
The Articles of Organization for this Limited Liability Company were		2 and assigned
Florida document number <u>L 22 000 15 64 29</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or	r 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)	<u>, </u>	
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	rida
· _	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to 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 adcompany has been notified in writing of this change.	rjormance of my duites, and wided for in Chapter 605, F	S. Or, 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> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	Alguedain Kelivonte Pare	706 West 7th Ave	□Add
		Tallahassec Fl 32303	∑ Remove
			□Change
			🗆 Add
			□Remove
			Change
			∐Add
			□Remove
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ote: If the date	other than the date of listed, the date must be spec- nserted in this block doc we date on the Departme	es not meet the app	Meante statutory n	(op more than 90 days al ling requirements,	tional) ter filing.) Pursuant his date will not b	to 605.0 pe liste
record specifies I is filed.	a delayed effective date,	but not an effectiv	e time, at 12:01 a.:	n, on the earlier of:	(b) The 90th day	y after
ated <u>10/2</u>	1/22	·				
	<u> </u>	ure of a member or a	nuthorized representa	uve of a member	Z_	_
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Filing Fee: \$25.00