

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L220004295943**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000429594 3)))



H220004295943ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : DES-MATT, INC  
Account Number : 120180000078  
Phone : (352)223-3911  
Fax Number : (863)318-8218

2022 DEC 22 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EL TIGRE AUTO BODY & CUSTOM PAINT SHOP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. BRUMBLEY

DEC 27 2022

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL TIGRE AUTO BODY & CUSTOM PAINT SHOP

(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 04/02/2022 and assigned  
Florida document number L22000168408

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

EL TIGRE AUTO BODY & CUSTOM PAINT SHOP, LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:**

Name of New Registered Agent: VIVIANA Y. LUNA

New Registered Office Address: 5336 MAUNA LOA LN

*Enter Florida street address*

ORLANDO, 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.*

Viviana Luna

If Changing Registered Agent, Signature of New Registered Agent

2022 DEC 22 PM 1:22  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FL



D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record 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 record is filed.

Dated AUGUST 02, 2022

Viviana Luna  
Signature of a member or authorized representative of a member

VIVIANA Y. LUNA

Typed or printed name of signee