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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section

Division of Cor	porations	•	
SUBJECT:	AVE'S AUTO Name of Lim	O REDAIR LO	10
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ORIAN	Name of Person AUTO LEPPIR Firm/Company CENTRAL BL Address FL 33805 City/State and Zip Code ZNUNEZO GMAN to be used for future annual report notifi	INEZ
	DAVE'S	AUTO REPAIR Firm/Company	LLC
	1202 W	CENTRAL BL	vd, Unit E
	Oslando,	FL 33805 City/State and Zip Code	SEP 20
	ORLANDORUIZ E-mail address: (ZNUNEZO GMAI to be used for future annual report notif	ication) $\frac{1}{2}$
	oncerning this matter, please c	att:	38
Oklando Name o	Auiz Nijve	2Z at (<u>407)</u> <u>385</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
X S25.00 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 Address Registration S Division of C	Section Corporations	Street Address: Registration Sec Division of Corp	
P.O. Box 632 Tallahassee,		The Centre of Ta	allahassee : Street, Suite 810
i anunasce,	and where the	4713 IN. MONIOC	Succi, Suite 610

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION

OF

DAVE'S AUTO	CEPAIR	40	
(Name of the Limited Liability Compa (A Florida Limited)		on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L220003//628</u>	were filed on	1/13/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	;	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter the nam</u>	22 SEP 2D AH 9: 08e of the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address , Florida	
	City	, i wilda	Zip Code
Your Pagistared Agent's Signature if changing Degistered Agent.			

rea Agent's Signature, it changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 i 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 authorized or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ORLANDO RUIZ	5112 PARK CENTRAL DRIVE	₹Add
	NUNEZ	5112 PARK CENTRAL DRIVE Apri. 637 ORLANDO, FL 38839	□Remove
		ORLANDO, FL 38839	7 _ □Change
			□Add
			⊟Remove
			[] Change
			_ □ ⅆ = 5
			Add SEmose (1)
			Change 9.
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an effective date is listed, the cote: If the date inserted in	late must be specific and	d cannot be prior	to date of filing o	r more than 90 day	s after filing.) Pu	
ocument's effective date or				inig requiremen	is, this date wil	i not be fisted
record specifies a delayed or is filed.	effective date, but no	t an effective ti	me, at 12:01 a.i	n, on the earlier	of: (b) The 9	0th day after th
~	,					
ated SEPTEN	1ber 16	, 202	2.			
,	Orlan Signature of a		\mathcal{D}	,		
	Signature of a	TITE member or author	prized representat	ive of a member		
			, ,			

Filing Fee: \$25.00