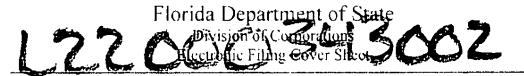
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Division of Corporations



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Division of Corporations

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From:

Account Name : LEGALZOOM.COM INC.

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAMILY AUTO SERVICE OF IVERNESS LLC

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## **COVER LETTER**

| TO: Registration S<br>Division of Co        |                                              |                                                                  |                                                                                                      |  |  |  |
|---------------------------------------------|----------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--|--|--|
| FAMILY.                                     | AUTO SERVICE OF IVERNES                      | S LLC                                                            |                                                                                                      |  |  |  |
| SUBJECT:  Name of Limited Liability Company |                                              |                                                                  |                                                                                                      |  |  |  |
| The enclosed Articles of                    | Amendment and fee(s) are subm                | nitted for filling.                                              |                                                                                                      |  |  |  |
| Please return all correspondent             | ondence concerning this matter to            | o the following;                                                 |                                                                                                      |  |  |  |
|                                             | Cheyenne Moscley                             |                                                                  |                                                                                                      |  |  |  |
|                                             |                                              | Name of Person                                                   |                                                                                                      |  |  |  |
|                                             | Legalzoom.com, Inc.                          |                                                                  |                                                                                                      |  |  |  |
|                                             |                                              | Firm/Company                                                     |                                                                                                      |  |  |  |
|                                             | 101 N Brand Blvd 11th Fl                     |                                                                  |                                                                                                      |  |  |  |
| Adcress                                     |                                              |                                                                  |                                                                                                      |  |  |  |
|                                             | Glendale, CA 91203                           |                                                                  |                                                                                                      |  |  |  |
|                                             |                                              | City/State and Zip Code                                          |                                                                                                      |  |  |  |
|                                             | alexguy86@gmail.com                          |                                                                  |                                                                                                      |  |  |  |
|                                             | E-mai) address: (to                          | o be used for future annual report notifi                        | eation)                                                                                              |  |  |  |
| For further information                     | concerning this matter, please ca            | li:                                                              |                                                                                                      |  |  |  |
| Cheyenne Moseley                            |                                              | 800 773-0888                                                     |                                                                                                      |  |  |  |
| Name                                        | of Person                                    | Area Code Duytime                                                | Telephone Number                                                                                     |  |  |  |
| Enclosed is a check for t                   | the following amount:                        |                                                                  |                                                                                                      |  |  |  |
| □ \$25.00 Filing Fee                        | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | 口 \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(**Iditional copy is enclosed) |  |  |  |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To: Page: 4 of 6 2022-08-09 09:51:13 PDT LegalZoom.com, Inc. P. 4 From: Sarah Acevedo 8/8/2022 6:54 PM FROM: Office Depot #2705 TO: +13233890597 P. 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ARTICLES OF ORGANIZA OF

| FAMILY AUTO SERVICE OF IVERNESS LLC                                                                                                                                                                                                                                                                      |                                                         |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| (Name of the Limited Limbility Com.<br>(A Florida Limited                                                                                                                                                                                                                                                | nany as it now appears on our l<br>I Linbility Company) | rocorda.)                                                                                       |
| The Articles of Organization for this Limited Liability Compar<br>Florida document number <u>L22000343002</u>                                                                                                                                                                                            | y were filed on 08/03/2022                              | and assigned                                                                                    |
| This amendment is submitted to amend the following:                                                                                                                                                                                                                                                      |                                                         |                                                                                                 |
| A. If amending name, enter the new name of the limited list                                                                                                                                                                                                                                              | bility company here:                                    |                                                                                                 |
| Family Auto Service Of Inveness LLC                                                                                                                                                                                                                                                                      |                                                         |                                                                                                 |
| The new name must be distinguishable and contain the words "Limited Lia                                                                                                                                                                                                                                  | bility 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)                                                                                                                                                                                                                                                      |                                                         |                                                                                                 |
|                                                                                                                                                                                                                                                                                                          |                                                         |                                                                                                 |
|                                                                                                                                                                                                                                                                                                          |                                                         |                                                                                                 |
|                                                                                                                                                                                                                                                                                                          |                                                         |                                                                                                 |
| Enter new mailing address, if applicable:                                                                                                                                                                                                                                                                |                                                         |                                                                                                 |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                                                               |                                                         |                                                                                                 |
|                                                                                                                                                                                                                                                                                                          | <del></del>                                             |                                                                                                 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he                                                                                                                                                                                       |                                                         | cords, enter the name of the new                                                                |
| Name of New Registered Agent:                                                                                                                                                                                                                                                                            |                                                         |                                                                                                 |
| New Registered Office Address:                                                                                                                                                                                                                                                                           |                                                         |                                                                                                 |
| New Registres Office Flatress.                                                                                                                                                                                                                                                                           | Enter Florida street                                    | oddress                                                                                         |
| ,                                                                                                                                                                                                                                                                                                        |                                                         | Florida                                                                                         |
|                                                                                                                                                                                                                                                                                                          | Clty                                                    | Florida                                                                                         |
| New Registered Agent's Signature, if changing Registered Agen                                                                                                                                                                                                                                            | t:                                                      |                                                                                                 |
|                                                                                                                                                                                                                                                                                                          |                                                         | . I Godhan ganga ta gangahi with the                                                            |
| I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offuc company has been notified in writing of this change. | te performance of my duti                               | es, and I am Jahilliar withzand 605, F.S. Or, if this document is rm that the limited liability |
|                                                                                                                                                                                                                                                                                                          |                                                         | FILED<br>-9 PI                                                                                  |
|                                                                                                                                                                                                                                                                                                          |                                                         | <del></del>                                                                                     |
| If Ct                                                                                                                                                                                                                                                                                                    | langing Registered Agent, Sign                          | ature of New Registered Agent                                                                   |

\_ Change

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 |             |             |                  |  |
|----------------------------------------|-------------|-------------|------------------|--|
| Tide                                   | <u>Name</u> | Address     | Type of Action   |  |
|                                        |             | ·           | D Add            |  |
|                                        |             |             | _□ Remove        |  |
|                                        |             |             | ☐ Change         |  |
|                                        |             |             | C Add            |  |
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|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| D. If am                | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                                                                                                                                                                                                                                                                                |                                        |
|                         |                                                                                                                                                                                                                                                                                                                                                                                               |                                        |
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|                         |                                                                                                                                                                                                                                                                                                                                                                                               | •                                      |
| (I) an e<br><u>Note</u> | tive date, if other than the date of filing:  (optional)  flective 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 60:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records. | 5.0207 (3)(b)<br>ed as th <del>e</del> |
|                         | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli<br>e 90th day after the record is filed.                                                                                                                                                                                                                                                      | er of:                                 |
| Dated                   | August 8 2022                                                                                                                                                                                                                                                                                                                                                                                 |                                        |
|                         | Signature of a member of approximative of a member                                                                                                                                                                                                                                                                                                                                            |                                        |
|                         | Alexander E Guy                                                                                                                                                                                                                                                                                                                                                                               |                                        |
|                         | Alexander E Guy Typed or printed name of signee                                                                                                                                                                                                                                                                                                                                               |                                        |

Page 3 of 3

Filing Fee: \$25.00