

L22000453970

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : EXPAT CONSULTING CORP.
Account Number : I20190000096
Phone : (407)745-1112
Fax Number : (407)641-8083

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

Email Address: silvia@expatconsulting.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JOANNA STORE LLC**

Certificate of Status	0
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Page Count	06
Estimated Charge	\$25.00

M. SOLOMON

FEB 27 2023

FILED

2023 FEB 24 PM 12:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2023 FEB 24 PM 2:11

STATE OF FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOANNA STORE LLC

(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 10/19/2022 and assigned
Florida document number L22000453970.

This amendment is submitted to amend the following:

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

BARBOZA AUTO BODY 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:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

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

2023 FEB 24 PM 12:54
CLERK OF DISTRICT COURT
JANESVILLE, FLORIDA

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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>	<u>Type of Action</u>
AMBR	FORMIGONI BARBOZA, FELIPE	8305 NARCOOSSEE RF # 3301	<input checked="" type="checkbox"/> Add
		ORLANDO - FL - 32827	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

* WE'D LIKE TO ADD THE EIN N.87-4119031

* WE'D LIKE TO CHANGE THE COMPANY'S NAME TO: BARBOZA AUTO BODY LLC

* WE'D LIKE TO ADD THE AMBR:

FORMIGONI BARBOZA, FELIPE

8305 NARCOOSSEE RD # 3301 - ORLANDO - FL - 32827

SECRETARY OF STATE
JAN 24 2023

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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 January 11th 2023

Signature of a member or authorized representative of a member

Felipe Formigoni Barboza
Typed or printed name of signee

Filing Fee: \$25.00