L23000014157

(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone) #)		
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Compar V Florida Limited L	ny as it now appears on our records, liability Company))	
The Articles of Organization for this Limited Lia	bility Company	were filed on 03/27/2024	and assigned	
Florida document number L23000014157	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	ility company here:		
SHALOM KING COLLISION REPAIR LLC				
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicat	ble:		TAIL PR	
(Principal office address MUST BE A STREET ADDRESS)		3630 WILLIAM STREET LAK	E PARK 33403	
			Min N	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		620 45 STREET WEST PALM BEACH FL 33407		
3. If amending the registered agent and/or registered office address		address on our records, <u>enter t</u>	he name of the new regi	
Name of New Registered Agent:	ERIKA VASQUEZ			
New Registered Office Address:	3630 WILLIAN	M STREET		
		Enter Florida street address		
	LSKE PARK	. Flo	rida 33403 Zip Code	
		City	Zin 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			🗆 Change
			🗀 Add
			□Remove
			□Change
		TALL AND TAL	App Remove.
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 03/27/2024_ (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_03/27/2024 Signature of a mymber withorized representative of a member

Typed or printed name of signee

ERIKA VASQUEZ