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(Requestor's Name)
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COVER LETTER

TO:

TO: Registration Division of C					
-PHENIX SUBJECT:	CDISIGNEEC Leon S	tr Vice And Poe	poi [//	_	
	ranc or Em	ned Blastiny Company	,		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
	ELYSABET MONTANEZ	Z			
		Name of Person		•	
	TAXCENTER USA LLC			••	
		Firm/Company)	7623 iii
	7336 W 20TH AVENUE			-· . ·	. (
		Address			ان رسب
	HIALEAH, FL 33016				يان دن
		City/State and Zip Code			 زر
	TAXCENTERUSA@LIVE	ECOM to be used for future annual report noti	(Contrary)		
For further information	n concerning this matter, please or		incanon)		
	- '				
ELYSABET MONTA		at () <u>825-2500</u>	T 1 N		
Nam	e of Person	Area Code Daytim	ie Telephone Number	,	
Enclosed is a check fo	r the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu	
P.O. Box 6	n Section Corporations	Street Address: Registration Seconds of Core The Centre of Tallahassee, FL	rporations Fallahassee oc Street, Suite 8	110	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-PHENIX-DISIGN-LLC POS Ser Vices and Dre Doine C
The Articles of Organization for this Limited Liability Company were filed on JANUARY 27, 2023 and assigned Florida document number <u>L23000051956</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
LION REPAIR SERVICE, 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: Muiling address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:
Name of New Registered Agent: New Registered Office Address:
Enter Florida street address
City Zip Code New Registered Agent's Signature, if changing Registered Agent:
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, 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>	Address	Type of Action
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be properties. If the date inserted in this block does not meet the approximent's effective date on the Department of State's record	rior to date of filing or more than 90 days after filing.) Pursuant to 605.0 blicable statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effective list filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
Dated MARCH 31 2023) .
W War Kith	

Filing Fee: \$25.00