

L23 0000 67463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

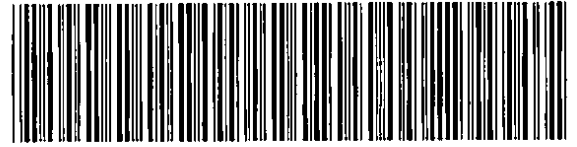
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FILED
2023 MAY 19 AM 9:21
TALLAHASSEE, FL

of 7/16/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTODIAG SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARACELA PEREZ

Name of Person

VP ACCOUTING AND SERVICES LLC

Firm/Company

8100 GENEVA CT APT 247

Address

DORAL FL 33166-4654

City/State and Zip Code

VANADIS@VPAACONSULTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARACELA PEREZ

407

7477036

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AUTODIAG SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 MAY 19 AM 9:21

The Articles of Organization for this Limited Liability Company were filed on 02/06/2023 and assigned
Florida document number 123000067463

This amendment is submitted to amend the following:

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

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

City, Florida 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

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>
MGR	GARCIA, JHISAAC	4100 GRAND MANOR CT, APT 208	<input type="checkbox"/> Add
		RALEIGH, NC 27612	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRG	GALLEGOS, JEAN MARY	506 CHASE LANE NORCROS	<input checked="" type="checkbox"/> Add
		NORCROS GA 30093	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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 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

Signature of a member or authorized representative of a member

GARCIA, JHISAAC

Typed or printed name of signee