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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	rod Auto B	ody + Resto LL ited Elability Company	C
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joel R	odriguez Pade Name Seperson	illa
		Firm/Company	
	1234 US	High way	17 92N
	Haines C	ty F1 338 City/State and Zip Code	44
	Jrodresto E-mail address: (1	SS Q Q Mail Com	nation)
For further information co	oncerning this matter, please ca	all:	
Milky Name o	Gutierrez FPerson	at (863) 353 Area Code Daytime	-965 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Irod Auto Body	1 & Resto LIC
(<u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>しる30004464</u>	ompany were filed on $19-20-303$ and assigned 1.8
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	red liability company here:
The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable:	ted Liability Company," the designation "L.I.C" or the abbreviation "L.IC,"
Principal office address MUST BE A STREET ADDRI	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	office address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: Hat	Milly J Gutierrez Torres 5 Barlyn Ave Enter Florida street address (nes City Florida 33844 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 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>	Type of Action
MGR	Joel Rodriguez Padilla	425 Barlyn Ave Haines City	that
		Florida 33844	□Remove
	.00.11	(()) () ()	□Change
ambe	Milly J Gulierrez lorre	s 4935 Barlyn thre Haines (Add
		s 425 Barlyn Ave Haines (Florida 33844	□Remove
			□ Change
MGL	Milly J Gutierraz Torres	425 Borlyn Are Haines City	′ ∴Add
		Plunda 33844	tvRemove
			□ Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			Change
			□Add
	·		□Remove
			□Change

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<u>te:</u> If t	date, if other than the date of filing:
cord sp s liled.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	12/19 2023
	Min Shitz
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00