L2300450836



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COVER LETTER

Div	ision of Corp	porations				
SUBJECT:		GE AND AUTOBODY, LLC				
SOBJECT.		Name of Limi	ited Liability Company			
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Felix Chang				
			Name of Person			
EV GARAGE AND AUTOBODY, LLC						
EV GARAGE AND AUTOBODY, LLC Firm/Company 5110 University Blvd W., Ste 100 Address						
		5110 University Blvd W.,	Ste 100			
		Address				
		Jacksonville, FL 32216				
			City/State and Zip Code			
		fattiechang@gmail.com				
			to be used for future annual report notif	(reation)		
For further is	nformation co	oncerning this matter, please ca	all:			
Felix Chang			904 2281192 at ()			
	Name of	Person	Area Code Daytime	: Telephone Number		
Enclosed is a	a check for th	e following amount:				
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		

TO:

Registration Section

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

EV GARAGE AND AUTOBODY, LLC

(Name of the Limited Liability Compan (A Florida Limited Lia	as it now appears on our records.) ibility Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L23000450836</u> .	vere filed on September 28, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2ú2k
		- S
	10 g 10 g 10 g	
Enter new mailing address, if applicable:		. :
(Mailing address MAY BE A POST OFFICE BOX)		- 3:
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		π. ω
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	dress on our records, enter the name	of the new registered
agent analyst the new regarded office agent and nerv.		
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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am fo ovided for in Chapter 605, F.S. Or, i	umiliar with and If this document is

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
MGR	Jacob Whipple	5110 University Blvd W.	□ Add
		Ste 100	Remove
		Jacksonville, FL 32216	□Change
MGR	Alisha Maddocks	5110 University Blvd W.	= Add
		Ste 100	
		Jacksonville, FL 32216	
			🗆 Add
			□Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
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(If an effe Note:	ve date, if other than the date of filing:
he record ord is file	I 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 ed.
Dated_	September 13 2024
	The Committee of the Co
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00