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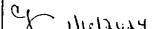
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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12/18/23--01017--010 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ed 1 Vzla Auto Repair, 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:
Marcelo 1 Castro Name of Person
March J Company
3741 Dw 60th Ave, Apt 1
Davie 7 33314 City/State and Zip Code
E-mail address: (to be used for future unnual report notification)
For further information concerning this matter, please call:
Marcelo (astro) at (954) 7950833 Area Code Daytime Telephone Number
Same of reison Area Code Daytine receptione Sumoer
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (Certified Copy tadditional 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

E J J J J J Q (Name of the Limited Liability Compan	Auto Repair, 120 18 11 8:16
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records/) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>12300463408</u>	were filed on $10/09/8023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
AMBR	Marcelo I. Costa	0 3741 5w 60th A	U DAdd
		3741 Sw 60th A Apt 1 Davie, F13:	Remove
			□Change
			□ Add
			□Remove
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			Clohama

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(If an ef Note:	ive date, if other than the date of filing:
he reco	d 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 led.
Dated	12/2/2023.
	Signature of a member or authorized representative of a member
	g