L23000496124

(Requestor's Name)						
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COVER LETTER

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SUBJECT:	Cyborb Wh	eel Alignment LLC				
oobobe						
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Cibele Silva				
			Name of Person			
					2°°°	
		<u> </u>	Firm/Company		Zeca K. 7.	
2408 Cobble Creek Ct,					- Ci	
	Address					
	Fleming Island- FL 32003					
			City/State and Zip Co	ode	 , -	
		cyborgwa@ginail.com				
For further i	nformation c	E-mail address: (oncerning this matter, please c	to be used for future and all:	nual report notifica	tion)	
Cibele Silva			904 at ()	7894393		
	Name o	f Person	Area Code	Daytime To	lephone Number	
Enclosed is	a check for th	ne following amount:				
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	√	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section			t Address:	an a		
Division of Corporations				Registration Section Division of Corporations		
P.O. Box 6327			The	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cyborb Wheel Alignment LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/31/2023}{2}$ and assigned Florida document number <u>L23000496124</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cyborg Wheel Alignment 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: (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

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

, Florida

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
			□ Add
			□Remove
			□ Change
			□Add
			□ Remove
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			Remove
			Change
			🗆 Add
			Remove
			□ Change
			□Add
			Remove
			Change

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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. 2023 ignature of a member or authorized representative of a member Cibele Silva Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00