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COVER LETTER

TO: Registration Section Division of Corporations					
JTO CARE LLC					
SUBJECT: Name of Limited Liability Company					
of Amendment and fee(s) are su	bmitted for filing.				
pondence concerning this matte	r to the following:				
RODRIGO POSADA					
	Name of Person				
GRUSHOFF & POSADA					
	Firm/Company				
6991 W BROWARD BLY	VD STE 105				
	Address	-			
PLANTATION, FL 3331	7				
KATIAGABINO365@GM	City/State and Zip Code IAIL.COM				
E-mail address:	(to be used for future annual report noti	fication)			
concerning this matter, please of	all:				
	954 316-2590				
of Person	Area Code Daytim	e Telephone Number			
the following amount:					
□ \$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)			
	Street Address:				
	Registration Sec				
	Name of Lin Name of Lin Name of Lin of Amendment and fee(s) are surpondence concerning this matter RODRIGO POSADA GRUSHOFF & POSADA 6991 W BROWARD BLV PLANTATION, FL 3331 KATIAGABINO365@GM E-mail address: concerning this matter, please of Person the following amount: □ \$30.00 Filing Fee &	Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: RODRIGO POSADA RODRIGO POSADA Firm/Company 6991 W BROWARD BLVD STE 105 Address PLANTATION, FL 33317 City/State and Zip Code KATIAGABINO365@GMAIL.COM E-mail address: (to be used for future annual report notice concerning this matter, please call: at (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E & J AUTO CARE LLC		
(Name of the Limit	ed Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Li	ability Company were filed on 12/20/2023	and accionad
Florida document number L23000560049	monthly were fried on	and assigned
This amendment is submitted to amend the follo		
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica		
(Principal office address MUST BE A STREE)	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	2010	
	<u></u>	
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, <u>enter</u>	the name of the new registered
and a second ways of	, nere .	
Name of New Registered Agent:		
New Registered Office Address:		-
	Enter Florida street addres	S
	, Flo	orida
	City	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>	Address	Type of Action
MGR	ENZO, OGANDO, SR	1075 W STATE RD 84, FT LAUDERDALE, FL 333	51: □Add
			= Remove
			□Change
AMBR	GABINO, KATIA	1075 W STATE RD 84, FT LAUDERDALE, FL 333	1: ≣ Add
			_ □Remove
			_ Change
			_ □Add
			_ □Remove
			_ 🗆 Change
			
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ Change
			_ □Add
			_ 🗆 Remove
			_ □Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. Dated MARCH 14 Signature of a member or authorized vepresentative of a member

Filing Fee: \$25.00

Typed or printed name of signee

KATIA GABINO