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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

| | ENERAL CAR SERVICES LI | _C | | |
|---|--|---|---|--|
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for tilling. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | MARIA J ORTEGA LUN | A | | |
| | | Name of Person | | |
| | UNCLE GENERAL CAR | SERVICES LLC | | |
| | - | Firm/Company | | |
| | 2710 RENA LN | | | |
| | | Address | | |
| | LEHIGH ACRES, FL 339 | 71 | | |
| | | City/State and Zip Code | | |
| | mariajol1982@gmail.com | to be used for future annual report not | !!" | |
| For further information c | e-man address, to | <u>.</u> | meanon) | |
| MARIA J ORTEGA LU | | 239 265 857 | 75 | |
| Name of Person | | | ne Telephone Number | |
| Name (| of Person | Area Code Daytin | ne Telephone Number | |
| Enclosed is a check for t | he 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 Addre | | Street Address: | | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| UNCLE GENERAL CAR SERVICES LLC | | |
|---|---|------------------------------|
| (<u>Name of the Limited Liabili</u> (A Florid | ity Company as it now appears on our records, a Limited Liability Company) |) |
| The Articles of Organization for this Limited Liability C | Company were filed on 03-05-2024 | and assigned |
| Florida document number L24000113663 | <u> </u> | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | nited 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 ADDI | RESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | · · | |
| B. If amending the registered agent and/or registere | d office address on our records, <u>enter t</u> | he name of the new register |
| gent and/or the new registered office address here: | | |
| Name of Store Decision 1.5 | | - |
| Name of New Registered Agent: | | - |
| New Registered Office Address: | | <u> </u> |
| | Enter Florida street address | |
| | , Flor | |
| | 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 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 |
|--------------|--------------------------|---------------------------------------|-----------------|
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