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	(City/State/Zip/Phone #)	
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COVER LETTER

TO: Registration Se Division of Cor	porations	4	÷
HIDALGO	& PEREZ AUTO REPAIR LI	.c	', t ı
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MIGDAEL PENA HIDAL	.GO	
		Name of Person	
	MIGDAEL PENA HIDAL	.GO	
		Firm/Company	
	2287 S HAVERHILL RD		
		Address	
	WEST PALM BEACH F	L 33415	
		City/State and Zip Code	
	migdaelp2007@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
MIGDAEL PENA HIDA	ALGO	561 9062211	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fcc	☐ \$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 Addres	<u>ss:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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	MIGDAEL PENA HIDALGO	6040 FOREST HILL BLVD APT 101 WEST PA	LM E
			□Remove
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIDALGO & PEREZ AUTO REPAIR 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 _____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida ____

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lote: If the da ocument's eff record specifi d is filed.	T) [3			·	m. on the earlier of	of: (b) The 90th d	ay after the

Filing Fee: \$25.00