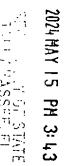
Office Use Only



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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: Correct name of the bussiness
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:
Helyn Ruiz Name of Person
SKy View Firm/Company
529 Versailles DR Suite 104
Maitland FC 32751 City State and Zip Code 1992 Odalis a Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MELVIN RUTI Name of Person at (407) 9609031 Area Code Daytime Telephone Number
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 (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ruiz Auto Mecanic C (Name of the Limited Liability Compa (A Florida Limited)	my as it now appears on our records.) Clability Company)	<u>le.</u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000153909</u>	were filed on 4/1124	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Roz Auto McCharic and The new name must be distinguishable and contain the words "Limited Liabi The new name must be distinguishable and contain the words "Limited Liabi	of Book Shop	11C abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5430 San Jua Orlando FC 3	n Blvd 2807
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	20
Name of New Registered Agent:		HAY IS P
New Registered Office Address:	Enter Florida street address	<u>₽</u> 3:1
	, Florida	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:

<u>or remov</u>	ed from our records:		
MGR =	Manager		

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		□Remove	
		□Change	
		□Add	
			□Remove
			☐ Change
		□Remove	
		☐ Change	
		Remove	
		☐ Change	
		□Add	
		□Remove	
			Change
		□Add	
			□ Remove
			

	I notice that the name was
<u>/Y</u>	rissing the letter H so wanted.
1	D COTTECT []
_	
Effective (If an effective	date, if other than the date of filing:
Note: If the	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
he record sp ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	4/20/24
	Signature of a member or authorized representative of a member
	Melvin Ruiz 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