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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : JUAN J GARCIA PADRO PA

Account Number : I20230000025

: (787)599-3735

Fax Number : (407)627-1697

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CONZAWS @ THE PAST COAST.US

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EAST COAST MECHANIC AND PAINT LLC

Certificate of Status	0
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAST COAST MECHANIC AND	PAINT LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our lability Company)	records.)	
he Articles of Organization for this Limited I lorida document number 1.24000161377	iability Company	were filed on	aa	nd assigned
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
			of f Con and a ship and a	ion of L.C."
he new name must be distinguishable and contain the	words "Lunited Liabi		IN LLC OF THE HOOFEVIAL	ion L.L.C.
Enter new principal offices address, if applicable:		3990 ATRIUM DR	2720	
Principal office address MUST BE A STREET ADDRESS)		ORLANDO FL 32822-1	3/30	
		•		
Enter new mailing address, if applicable:		3990 ATRIUM DR	,	o 12
(Mailing address MAY BE A POST OFFICE BOX)		ORLANDO FL 32822-1	3730 .,	<u> </u>
			<u> </u>	28
3. If amending the registered agent and/or gent and/or the new registered office addr	registered office	address on our records,	enter the name of the	he new regist
The state of the s	ara mere			3: 09 STAT
Name of New Registered Agent:	CRISTIAN GONZALES		-A-F	
New Registered Office Address:	3990 ATRIUM	DRIVE		
		Enter Florida stree	t address	
	ORLANDO		, Florida	30
		City		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 acuru or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	JUAN LUGO	18580 E COLONIAL DR 2309	🗆 Add
		ORLANDO FL 32820	Remove
			□Change
MGR	CRISTIAN GONZALES	3990 ATRIUM DR	□Add
		ORLANDO FL 32822-3730	□ Remove
		***UPDATE ADDRESS**	
MGR	HANSEL MERIDA MURO	3217 SOUTH SEMORAN BLVD APT 316	≅Add
		ORLANDO FL 32822	□Remove
			Change
			
			□Remove
			□Change
			(Add
			□Remove
			□Change
			□ Add
			□Remove
			Change

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ffective date, if other than than effective date is listed, the date mote: If the date inserted in this ocument's effective date on the	Department of State's rec	cords.	ling requirements, this c	tate will not be listed as t
record specifies a delayed effect is filed.	ve date, but not an effect	tive time, at 12:01 a.s	n. on the earlier of: (b)	The 90th day after the
	2024			
MAY27				
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ated MAY27	,	· · · · · · · · · · · · · · · · · · ·		
ated MAY27	Signature of a member or	authorized representati	ive of a member	