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	(Requestor's Name)	
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COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: Nayo cuto repair LLC 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:
José Adonay Mejia Name of Person Nayo autore pair UC Firm/Company
12900 NW 30th ave. #9
Opa locka FL 33054 City/State and Zip Code Nayoav for epail 24@ cmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jose Adoray Mejig at (954), 8700238 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nayo auto r	epair UC	
(Name of the Limited Liability Compa (A Florida Limited I	ny'as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000166055</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22
Principal office uddress MUST BE A STREET ADDRESS)		2024 APR
		70 (E188)
		- 15ê
Enter new mailing address, if applicable:	<u> </u>	300
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		da
	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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	José A. Mejia	7817 Ramona St	🗹 Add
	,	7817 Ramona St miramar FL 33023	□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			🗆 Add
			□Remove
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retfecti <u>te:</u> If t	date, if other than the date of filing:
cord sp s 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
ed	Signature of a member or authorized representative of a member
	Typed or printed name of signee .)

Filing Fee: \$25.00