Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003896303)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

er the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*:;

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<b>\$</b>				
Email 1	Address:			
CINGTY	WOOTESS'		 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **E&D AUTO BODY.LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. LEMIEUX

NOV 2 6,2024

Electronic Filing Menu

Corporate Filing Menu

11/23/2024 07:03:50 PST

To: 18506176383

Page: 2/4

From: Northwest Registered Agent

Fax: 2083295246

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E&D AUTO BODY.LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on	and assigned
Florida document number L24000399730		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	
		28
		2014 HOV
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
<ol> <li>If amending the registered agent and/or registered of agent and/or the new registered office address here:</li> </ol>	office address on our records, <u>enter the</u>	<b></b>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	Cuy	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.

11/23/2924 07:03:50 PST

Tc: 18506176383

Page: 3/4

From: Northwest Registered Agent

Fax: 2083295246

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>	<u>Address</u>	Type of Action
AMBR	HART. CLINTON	7901 4TH ST N STE 300	<b>⊠</b> Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			DAdd
			□Remove
			□Change
			🗀 Add
			□Remove
			Remove
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the appl	icable statutory filing re	(optional) han 90 days after filing.) Pursuar quirements, this date will not	acto 605,0207 (3 t be listed as th
record specifies a delayed effective Lis filed.	date, but not an effective	time, at 12:01 a.m. on t	ne carlier of: (b) The 90th d	lay after the
ated November 23	2024	·		
	Signature of a member or aut			
	· · · · · · · · · · · · · · · · · · ·	haritad ranta antatam at a	Taxabasa and taxab	

Page: 4/4

Fex: 2083295246

From: Northwest Registered Agent

11/23/2024 07:03:50 PST

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