P24000007884

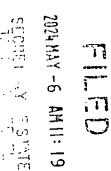
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |

Office Use Only



200431135032

00/13/24--01023--010 **85.00



JUN 0 6 2024 D CUSHING

COVER LETTER

TO: Amendment Section Properties

Tallahassee, FL 32314

| NAME OF CORPO | PRATION: BAYOU AUTO | RECON LLC | | | |
|--------------------------|--|--|--|---------------------------------|---|
| DOCUMENT NUM | IBER: P24000007884 | | | _ | |
| The enclosed Article | s of Amendment and fee are s | ubmitted for filing. | | _ | |
| Please return all corr | espondence concerning this m | atter to the following: | | | |
| | JOHN GAVRIAN | | | | |
| | | Name of Contact Perso | 00 | | |
| | BAYOU AUTO RECON, II | NC. | | | |
| | - | Firm/ Company | | _ | |
| | 20669 LONGLEAF PINE A | • | | | |
| | | Address | | | |
| | TAMPA, FL 33647 | | | | |
| City/ State and Zip Code | | | | | |
| | jgavrian@icloud.com | | | | |
| | E-mail address: (to be u | sed for future annual report | notification) | - Si | |
| For further information | on concerning this matter, plea | | | 2024 MAY - SECRETA Tradit | CONTRACTOR OF THE PARTY OF THE |
| John Gavrian | | at (_813 | 267-7136 | - 132 m | 1 |
| Name | of Contact Person | Arca Co | de & Daytime Telephone N | lumber = | |
| Enclosed is a check for | or the following amount made | | | AH III 9 | |
| □ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | ,., | |
| Ami Divi | iling Address endment Section ision of Corporations . Box 6327 | Amend Divisio | Address ment Section n of Corporations entre of Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303



April 16, 2024

JOHN GAVRIAN BAYOU AUTO RECON, INC 20669 LONGLEAF PINE AVE TAMPA, FL 33647

SUBJECT: BAYOU AUTO RECON LLC

Ref. Number: P24000007884

We have received your document for BAYOU AUTO RECON LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Operations Manager A

JEC V

Letter Number: 924A00008252

Articles of Amendment to Articles of Incorporation of

| R | AVOU | AITTO | RECON | TIC |
|---|------|-------|-------|-----|
| | | | | |

| (Name of Corporation as currently | filed with the Florida Dept. of State) | |
|--|--|-------------------|
| P24000007884 | | |
| (Document Number of | Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation: | Torida Profit Corporation adopts the following | g amendment(s) to |
| A. If amending name, enter the new name of the corporation: BAYOU AUTO RECON, INC. | | The new |
| name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered." "professional association," or the abbreviation "P.A." | ompany," or "incorporated" or the abbreviation professional corporation name must contain | n "Corp.," |
| B. Enter new principal office address, if applicable: | 1801 NORTHWOOD DRIVE | |
| (Principal office address MUST BE A STREET ADDRESS) | CLEARWATER, FL 33764 | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | (0) | 2 |
| | TACE TO THE TACE T | 2021 HAY |
| D. If amending the registered agent and/or registered office addre | as in Florida, enter the name of the | 5 |
| new registered agent and/or the new registered office address: Name of New Registered Agent | (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) | |
| | | |
| tFlorida stree | t address) | 9 |
| New Registered Office Address: | Florida | |
| (0 | Tity) Zip C | ode) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wi | th and accept the obligations of the position. | |
| Nignature of New Reg | istered Agent, if changing | |
| Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c |) FS | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT. John Doc X Remove V Mike Jones <u>X</u> Add <u>\$V</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) 1) X Change JOHN GAVRIAN 20669 LONGLEAF PINE AVENU **TAMPA, FL 33647** Add Remove 1801 NORTHWOOD DRIVE 2) X Change JORGE CABRERA CLEARWATER, FL 33764 __ Add __ Remove 3) ____ Change __ Add __ Remove 4) ____ Change __ Add __ Remove 5) ____ Change ____ Add ___ Remove 6) ____ Change ____ Add __ Kemove

| Attach additional sheets, if necessary). | cles, enter change(s) here: (Be specific) |
|--|--|
| | • |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| an amendment provides for an excha | nge, reclassification, or cancellation of issued shares, |
| | nge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | The American in the American Carlo |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | 12/28/23 | |
|---|---|--------------------------------|
| The date of each amendment(s) | adoption: | , if other than the |
| date this document was signed. | • | |
| | /28/23 . | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the [| block does not meet the applicable statutory filing requirements, this Department of State's records. | date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were acaction was not required. | dopted by the incorporators, or board of directors without shareholder ac | ction and shareholder |
| ☐ The amendment(s) was/were as by the shareholders was/were | dopted by the shareholders. The number of votes cast for the amendmer sufficient for approval. | nt(s) |
| ☐ The amendment(s) was/were a must be separately provided for | pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s): | ment |
| "The number of votes eas | st for the amendment(s) was/were sufficient for approval | |
| by | • | |
| | (voting group) | |
| Signature (By a conscious selection | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other conted induciary by that fittueiary) JOHN GAVRIAN (Typed or printed name of person signing) | n urt |
| | PRESIDENT | |
| | | |
| | (Title of person signing) | |