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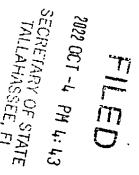
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: Dotterson Collision 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:
Name of Person Name of Person Service and Empty Address Poro Raton FL 33433 City/State and Zip Code Patternace Sele Contilication E-mar/Address: No be used for Juture annual report notification)
for further information concerning this matter, please call:
Faula Andre 317358 220-0147
Name of Person Area Code Daytime Telephone Number
inclosed is a check for the following amount:
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 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
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

(Name of the Almited Liability Compar (A Florida Limited)	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number $92-0258907$. This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2410 Gypun Lane 6A 233433
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, enter the name of the new registered Lenardo Abota Rota Til Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City Zip Carr

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR.	Paula F. Andre	8410 Bypen Lane 6 Beca Raton, FL 3343	<u>A</u> ⊠Add
	,	Beca Raton FL 3343	3 □Remove
			□Change
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Effective	e date, if other than the date of filing: (optional)
ran enec Note: If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	it's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed	l.
Dated _	Parovayovic Marko
	Signature of a member or authorized engreentative of a member
	Signature of a member or authorized representative of a member