

#L05000062008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

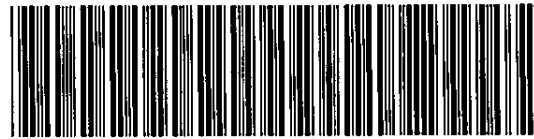
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2013 AUG 14 PM 4:20  
NOTIFIED  
TO AGENCY OF  
SUFFICIENCY OF FILING

FILED  
13 AUG 14 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
AUG 15 2013



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 763911 7294749

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 14, 2013

ORDER TIME : 3:31 PM

ORDER NO. : 763911-005

CUSTOMER NO: 7294749

DOMESTIC AMENDMENT FILING

NAME: CERTIFIED CAR CARE OF DAYTONA,  
LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
13 AUG 14 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFIED CAR CARE OF DAYTONA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/3/2013 and assigned  
Florida document number L05000062008.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

XTREME AUTO & MOBILE REPAIR, LLC

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

1178 TRACY DRIVE

PORT ORANGE, FL 32119

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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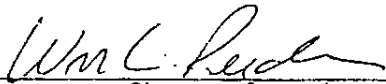
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Dated 08-12, 2013



Signature of a member or authorized representative of a member

**WILLIAM L. PENDERGRASS**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**