## L06000076825

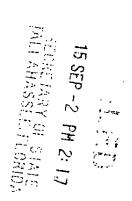
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## **COVER LETTER**

SUBJECT:	AMERICAN	N ENTERPRISES COLLISION	N, LLC	
SUBJECT		Name of Limi	ted Liability Company	
The enclosed	d Articles of /	Amendment and fee(s) are subr	mitted for filing.	
Please return	n all correspor	ndence concerning this matter t	o the following:	
		Gregory Krempski		
			Name of Person	···
		American Enterprises Colli	sion, LLC	
			Firm/Company	
		1234 Viscaya Parkway		
			Address	;
		Cape Coral, FL 33990		•
			City/State and Zip Code	
		jetskigreg69@aol.com		
		E-mail address: (t	o be used for future annual rep	ort notification)
For further i	nformation ec	oncerning this matter, please ca	11:	
Gregory Kre	empski		239 229-0	989
	Name of	Person	at () Area Code	Daytime Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25 00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

**Division of Corporations** 

TO:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Enterprises Contision, LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L06000076829	vere filed on AUGUST 3, 2006	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	All the second s	
(Principal office address MUST BE A STREET ADDRESS)	20	
	35	<u>र</u> ी
	**************************************	
Enter new mailing address, if applicable:		N
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	P 324
<del></del>	82.	N. Presi
	<u>Ş</u> F	7
B. If amending the registered agent and/or registered office address here:		e name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer r torida street daaress	
<del></del>	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cig	zip couc
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am fan covided for in Chapter 605, F.S. Or, if	niliar with and this document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SCOTT C NESNIDAL		
		713 S.W. 6TH STREET, CAPE CC	■ Remove
			Change
MGR	KRISTY KREMPSKI	606 S.W. SANTA BARBARA PL,	Add
			□ Remove
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ective date, if other than the date of filing:	(ontional)
effective date is listed, the date must be specific and cannot be price	or to date of filing or more than 90 days atter (iling.) Pursuant to 605
ie: If the date inserted in this block does not meet the appliument's effective date on the Department of State's record	icable statutory filing requirements, this date will not be listels.
·	
record specifies a delayed effective date, but n	ot an effective time, at 12:01 a.m. on the earlie
he 90th day after the record is filed.	
9 10 200	
ed 8-28, 201 <u>4</u>	2.

Page 3 of 3

Filing Fee: \$25.00