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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Crown Collision Center LLC  Name 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:					
Todd THarris Name of Person					
,					
Firm/Company					
3982 SW. Bruner Terrace Address					
Pala City/State and Zip Code					
E-mail address: (to be used for luture annual report notification)					
For further information concerning this matter, please call:					
Name of Person at (772) 781- 8000  Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee,  Certificate of Status &  Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

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

FI	LED
1000	
SECRE MRY ALLAHASSEE ords.)	OS STATE
ords.)	FLORIDA

(Name of the Limited Liability	ty Company as it now appears on	Our records.)  FLORIDA	
(A Florida	Limited Liability Company)	TEORIDA	
The Articles of Organization for this Limited Liability	Company were filed on	23, 2008 and assigned	
Florida document number	3		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Company," t	he designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		ecords, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida Zip Code	
	City	Zip Coue	

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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MCRM	Mark E SMith	1532 SW Leasure Lone Port Soint Lucie, FC 34953	Add Remove
MGRM	Robert Scott Mac Gilliving	4340 SE Bayshore Terrace Stuart, FC 34997	X Add Remove 
			Add Remove
D. If amend	ding any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	OS NOV 19 AMILISECRETARY OF STALLAHASSEE, FU
Dated	<del>-</del>	or authorized representative of a member	: 08 TATE DRIDA
	Typed o	r printed name of signee ToddTHari	15

Page 2 of 2

Filing Fee: \$25.00