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J. SAULSBERRY EXAMINER

DEC 3 0 2010

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	Name of Limited Liability Company			
The en	closed Articles of Amendment and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Name of Person			
	Crown Collision Canter UC Firm/Company	emai	~ `	
	3982 Sw Bruser terrere Address	STORC'S	2018:DEC 2	
	Pala City Tu 34990 dity/State and Zip Code	ATMRY OF STATE	29 MII:	
	E-mail address: (to be used for future annual report notification)		=	
For fur	ther information concerning this matter, please call:	ستن		
	Name of Person at (77) 781-8000 Area Code & Daytime Telephone Number			
Enclose	ed is a check for the following amount:			
□ \$ 25	.00 Filing Fee \$\ \times \$30.00 Filing Fee &	of Status Copy		d)

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

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on d Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Comparing document number _\08 0000 \ \\\33 \	ny were filed on	and assigned عرور المراجعة عنوانية المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة الم			
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:				
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company,"	the designation "LLC" or the abbrevi	 ation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		2019			
		A 92	- 5 - 5 - 5		
Enter new mailing address, if applicable:		MAX 6	·~*g_		
(Mailing address MAY BE A POST OFFICE BOX)					
		95	.=		
			_		
B. If amending the registered agent and/or registered		ecords, enter the name of the	new		
registered agent and/or the new registered office address he	<u>ere</u> :				
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 Title Address **Type of Action** Name MCBM ☐ Add Remove Andrews Cacroix 2122 NE 19749 ☐ Add mGRM Remove MODE M Add Remove ∏Add Remove Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ignature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00