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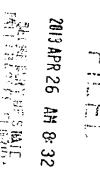
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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J. SAULSBERRY EXAMINER MAR 5 2013

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

# , HIGH ¢ARE COLLISION CENTER LLC

SUBJECT:

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:

## Aida Peralta

Name of Person

## High Care Collision Center LLC

Firm/Company

# 219 South Orange Blossom Trail

Address

## Orlando, FL 32805

City/State and Zip Code

#### aidaperalta99@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Aida Peralta

,<sup>321</sup> ,**7460272** 

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

**■ \$25.00** Filing Fee

U\$30.00 Filing Fee & Certificate of Status ☐\$55.00 Filing Fee & 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 Tallahasses, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Chifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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## HIGH CARE COLLISION CENTER LLC

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

(A Florida Limited Liability Company)

	(A Florida Limited)	Ciability Company)			
The Articles of Organization for this Limited Florida document number 080000882	Liability Company	were filed on Septem	ber 17, 2008 and assigned		
This amendment is submitted to amend the fo	ollowing:				
A. If amending name, enter the new name	of the limited liab	bility company here:			
The new name must be distinguishable and end "L.L.C."	with the words "Lim	ited Liability Company," t	he designation "LLC" or the abbreviation		
Enter new principal offices address, if app	licable:	219 South Ora	nge Blossom Trail		
(Principal office address MUST BE A STR	, · · · · · · · · · · · · · · · · · · ·		Orlando, Florida		
		32805			
Enter new mailing address, if applicable:			nge Blossom Trail		
(Mailing address MAY BE A POST OFFIC	MAY BE A POST OFFICE BOX)		Orlando, Florida		
	36	32805			
B. If amending the registered agent an registered agent and/or the new registered			ecorus, enter the name of the new		
Name of New Registered Agent:	Aida Pera	ılta			
New Registered Office Address:	219 South	219 South Orange Blossom Trail  Enter Florida street address			
	Orlando		, Florida 32805		
	,	City	Zip Code		
New Registered Agent's Signature, if changin	g Registered Agent	<u> </u>			

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> Address Type of Action <u>Name</u> Nicolas Castillo 801 Logan Drive MGR Longwood, FL Remove 32750 Aida Peralta 219 South Orange Blossom Trail MGR Orlando, FL 32805 Remove

D.	If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
		·
Da	ted Ceforil	26,2013.
	·	Right Era/ta
		Signature of a member or authorized representative of a member
	Aida Pera	······································
		Typed or printed name of signee
	ļ	Page 3 of 3

Filing Fee: \$25.00

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