

LO80000088290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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2013 APR 26 AM 8:32
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FBI - BOSTON
MAR 5 2013

2013 APR 26 AM 8:32

FILED

J. SAULSBERRY
EXAMINER

MAR 5 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **HIGH CARE 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:

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

Name of Person

321 7460272

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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
Tallahassee, FL 32314

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

FILED
2013 APR 26 AM 8:32
TALLAHASSEE, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HIGH CARE COLLISION CENTER 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 September 17, 2008 and assigned
Florida document number L08000088290

This amendment is submitted to amend the following:

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

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)

219 South Orange Blossom Trail
Orlando, Florida
32805

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

219 South Orange Blossom Trail
Orlando, Florida
32805

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:

Aida Peralta

New Registered Office Address:

219 South Orange Blossom Trail

Enter Florida street address

Orlando

City

Florida 32805

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.

Aida Peralta
If Changing Registered Agent, Signature of New Registered Agent

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2013 APR 26 AM 8:32
CLERK OF STATE
TALLAHASSEE, FLORIDA

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>
MGR	Nicolas Castillo	801 Logan Drive	<input type="checkbox"/> Add
		Longwood, FL	<input checked="" type="checkbox"/> Remove
		32750	
MGR	Aida Peralta	219 South Orange Blossom Trail	<input checked="" type="checkbox"/> Add
		Orlando, FL	<input type="checkbox"/> Remove
		32805	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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2011 APR 26 AM 8:52
CLAY COUNTY
FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated April, 26, 2013.

Aida Peralta

Signature of a member or authorized representative of a member

Aida Peralta

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

2013 APR 26 AM 8:32
ST. CHARLES
FALL ARIZONA
FALL ARIZONA

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