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(Cashioto Zhar, Mario)
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COVER LETTER

	Registration Sc Division of Cor		•					
SUBJEC		LORIDA CUSTOM AND CO	LLISION CENTER LLC					
SUBJEC	1:	Name of Lim	ited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please ret	urn all correspo	ondence concerning this matter	to the following:					
		ANIL BEDASIE						
		-	Name of Person					
		SOUTH FLORIDA CUS	FOM AND COLLISION CENTE	Ŕ				
SOUTH FLORIDA CUSTOM AND COLLISION CENTER Firm/Company								
		1000 NW 51ST COURT						
			Address					
		FORT LAUDERDALE, F	L 33309					
		City/State and Zip Code						
	galeboodhai@comcast.net E-mail address: (to be used for future annual report notification)							
For furthe	er information c	concerning this matter, please ca	ıll:					
ANIL BE	DASIE		954 491-2553					
	Name o	of Person	at () Area Code Daytin	ne Telephone Number				
Enclosed	is a check for th	he following amount:						
■ \$25.0	0 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 radditional copy is enclosed)				
	MAII.	ING ADDRESS:	STREET/COUR	IER ADDRESS:				

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH FLORIDA CUSTOM AND 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 67/29/2009 Florida document number L09000073191				and assigned		
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liability company h	ere:				
The new name must be distinguishable and contain the w	rords "Limited Liability Company." the c	designation "LLC" or the abbre	viation "I	LC."		
Enter new principal offices address, if applic	able:			<u> </u>		
(Principal office address MUST BE A STREE	T ADDRESS)			\$18. 938.		
			82	7927 225		
Enter new mailing address, if applicable:			P			
(Mailing address MAY BE A POST OFFICE	RON)					
			ਨ	- 5 .		
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		ı our records, <u>enter th</u>	e name	of the new		
N. D. LOSS III	1000 NW 51ST COURT					
New Registered Office Address:		rida street address				
	FORT LAUDERDALE	, Florida <u>33309</u>	9			
	City	, 1 10) (1.1	Zip Code			
New Registered Agent's Signature, if changing I	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 605, 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.

Dennis Heinz
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>	Address	Type of Action
MGR ME	GARY R. BLACKBURN	1000 NW 51ST COURT, FT LAUDERDALE,	= Add
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te: If the	date inserted in	this block does i	not meet th	re applicabl					
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Typed or printed name of signee

Filing Fee: \$25.00