L09000085312

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SECRETARY FOR STATE
ALLAHASSEE, FLORIDA

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	T:	Collisio	on Kings LLC			
		Name of Limi	ted Liability Company .	·	•	
The encl	osed Articles of Amendment	and fee(s) are sub	omitted for filing.			
Please re	turn all correspondence cond	erning this matter	to the following:			
			Roy R. Reyes Jr.			
			Name of Person			
		Carrs	of Northwest Florida LLC	<u> </u>		
			Firm/Company		70 23	
			8318 Colma Street		2009 OCT SECRET	Mary II
		··	Address			
					-5 ASSE	
		Sp	Oring Hill, Florida 34606 City/State and Zip Code		PM 12: 56 OF STATE	
E-mail address:		E-mail address: (i	arrs4466@yahoo.com (to be used for future annual report notification)		음 5	
For furth	er information concerning th	is matter, please c	all:	•	1-	
	Roy R. Reye	s Jr.		32-3786		
	Name of Person		Area Code & Daytime T	Celephone Number		
Enclosed	is a check for the following	amount:				
\$25.0		Filing Fee & ficate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	MAILING ADDR Registration Section		STREET/COURIE	R ADDRESS:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Collision K	lings LLC		
(Name of the Limited Liability Compa (A Florida Limited I	<u>ny as it now appear</u> Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL0900085312		9/03/09	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	 ~
Carrs of Northwe	st Florida LLC		SECONO.
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Compa	ny," the designation	ASA -
Enter new principal offices address, if applicable:	4410 North "V	V" Street	
(Principal office address MUST BE A STREET ADDRESS)	Pensacola, Fl	lorida 32505	HIP: 56
Enter new mailing address, if applicable:	same as abov	/e	
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, <u>ente</u>	r the name of the nev
Name of New Registered Agent:			
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
	Ent	er Florida street a	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:

<u>tle</u>	Name	Address	Type of Action
			Add Remove
			Damara
			Add Remove
	1		2009 DC
			SSEY -5 PE
			OF This nove
If amer	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if neces	ssary.)
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