## L1000001683

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EXAMINER



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10/15/12--01052--012 \*\*25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:	Registration So Division of Co					
SUBJE	Ç⁴ ECT•	TWO COUSIN	IS AUTO BODY LLC			
3000			ted Liability Company	<del></del>		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:	20 120		
RI			CHARD RODRIGUEZ			
Name of Person			Name of Person			
TWO			OUSINS AUTO BODY LLC	ون کرگر		
Firm/Company				925		
	4917 N. UNIVERSITY DRIVE # 9			9		
	Address					
	LAUDERHILL FL. 33351					
		<del></del>				
		R mail addrass:	sitrish@bellsouth.net to be used for future annual report notific	estion)		
For fur	ther information of	concerning this matter, please of	·			
	RICHA	RD RODRIGUEZ	ut \	540-5506		
	Name o	of Person	Area Code & Daytime	Telephone Number		
Enclos	sed is a check for t	he following amount:				
\$25	5.00 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)		
		ė				
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations 30x 6327	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE REAL PROPERTY OF THE PARTY OF THE PARTY

## TWO COUSINS AUTO BODY LLC

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

(11.10)	ina Bilinea Blacking Company)		D.
The Articles of Organization for this Limited Liabil Florida document number		02/01/2010	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the	limited liability company her	<u>'e</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	my," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	<b>:</b>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		-
		<u> </u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	, , , , , , , , , , , , , , , , , , ,		
	Enter Florida street address		
-	C'A.	, Florida	7: C - 1-
	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

<u>Title</u>	Name	Address	Type of Action
MGR	MICHAEL SARACENO	O 3160 NW 122ND TERRACE SUNRISE FL 33323	Add Remove
			Add Remove
			Add Remove 
			Add Remove
	_		Add Remove
	<u>.</u>		Add Remove
D. If an	nending any other information, er	nter change(s) here: (Attach additional sheets, if necessary.)	
	Change: Michael Saraceno	from 50 units to -0- units	<del></del>
	Change : Richard Rodrigue:	z from 50 units to 100 units	_
			<del></del>
	<u> </u>		_
Dated _	OCTOBER 19	1 holes	
	Signature	of a member or authorized representative of a member	
		RICHARD RODRIGUEZ Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00