Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

(323)962-8600

Phone Fax Number

: (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALL FLORIDA COLLISION GROUP, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	egistration in its in the contract of the cont			
SUBJECT	: ALL FL	ORIDA COLLISION GR	OUP, LLC	
- 0		(Name of Lin	nited Liability Company)	
The enclos	ed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please retu	ил all corres	pondence concerning this matter	to the following.	
		Tony Burroughs		
•			(Name of Person)	2010 APR
		Legalzoom.com, Inc		유리 및
			(Firm/Company)	APR -8 PHI
		7083 Hollywood Blv	d., Suite 180	FG 😎 🞵
			(Address)	PH IZ: 0X
		Los Angeles, CA 90	0028	22년 95
		<u> </u>	(City/State and Zip Code)	7.
For further	information	concerning this matter, please	eall:	
Tony Bu	urroughs		at (323) 962-8600	
	(Nami	e of Person)	(Atea 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)
	Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIER Registration Section Division of Corporation	
P.O. Box 6327 Tallahassee, FL 32314		3ox 6327	Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL FLORIDA COLLISION G	ishility Company as it now someors on our re	cords.)	
(A F	iability Company as it now appears on our re lorida Limited Liability Company)		
The Articles of Organization for this Limited Liab	oility Company were filed on 03/23/2010	A Sind assigned	
Florida document number <u>L10000031497</u>		Em 🗅 🕕	
This amendment is submitted to amend the follow	vin g :	× × × × × × × × × × × × × × × × × × ×	
A. If amending name, enter the new name of the	he limited liability company here:	PHIZ: 05 OF STATE S FLORID	
The new name must be distinguishable and end with to "L.L.C."	the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation	
registered agent and/or the new registered office Name of New Registered Agent:			
New Registered Office Address:	(Enter Florida	(Enter Florida street address)	
	,F	lorida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered a the provisions of all statutes relative to the pro- accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	per and complete performance of my dutie cred agent as provided for in Chapter 608, gistered office address, I hereby confirm th	es, and I am familiar with and F.S. Or, if this document is	

(If Changing Registered Agent, Signature of New Registered Agent)

MGR = Manager

To: Page 5 of 5

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:

MGRM	l = Managing Member		
<u>Title</u>	Name	Address	Type of Action
	_		Add Remove
			Add Remove
			A SE Adda Remove T
D. If an	nending any other information, e	nter change(s) here: (Attach additional sheets, s of the principal office and the mailing	if necessary. In O PH 2:
	of the LLC shall be:		
	1 Linton Blvd. #6, DELRAY	BEACH, FL 33444	
Dated _	April 7th	<u>, 2010</u> .	
	michile	Sipe	
	MICHELE SEPE, member	f a member or authorized representative of a memb	çr
	MINITEL OF E' HOUSE	Typed or printed name of signee	

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Filing Fee: \$25.00