## L160000665526

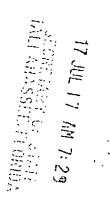
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Court Name of the Court Name
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JUL 18 2017

J SHIVERS

## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:		RAY COLLISION CENTER I	LLC	
		Name of Limit	ed Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		ROBERT EDWARDS		
		<del> </del>	Name of Person	<del></del>
		WEST DELRAY COLLISI	ON CENTER LLC	
	Firm/Company 9701 W. ATLANTIC AVE			
			Address	<del></del>
		DELRAY BEACH, FL 334	46	
			City/State and Zip Code	
		ROBERTEDWARDS56@Y		
		E-mail address: (to	be used for future annual report notific	ation)
For further in	nformation co	ncerning this matter, please ca	II:	
ROBERT E	DWARDS		954 247-9180 at ( )	
-	Name of	Person		Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

WEST DELRAY COLLISION C	ENTER LLC.		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{6/19}{2}$	8/2010	and assigned
Florida document number L10000065520	·		
his amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>	<u>.                                    </u>	
			=
B. If amending the registered agent and registered agent and/or the new registered of		our records, en	ter the name of the n
egistered agent and/or the new registered t	mice address here.		
Name of New Registered Agent:	ROBERT EDWARDS		·
	9701 W ATLANTIC AVE		53
New Registered Office Address:		da street address	
	DELRAY BEACH	, Florid:	33446
	City	,	Zip Gode
New Registered Agent's Signature, if changing	Registered Agent:		3

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ROBERT EDWARDS	9701 W ATLANTIC AVE	<b>∃</b> Add
		DELRAY BEACH, FL 33446	□ Remove
			☐ Change
MGR	DOMINICK CARAVELLA	9701 W ATLANTIC AVE	Add
		DELRAY BEACH, FL 33446	■ Remove
		<del></del>	Change
		<del></del>	
			Remove
			Change
			Remove
			Change
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			Remove
			Change
			□ Add
		<del></del>	□ Remove
			☐ Change

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	Division 1997
an effective date is listed, the date must be specific and ca	
ote: If the date inserted in this block does not me ocument's effective date on the Department of Sta	et the applicable statutory filing requirements, this date will not be listed
e record specifies a delayed effective da The 90th day after the record is filed.	te, but not an effective time, at 12:01 a.m. on the earlier
ated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00