

L10000113502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

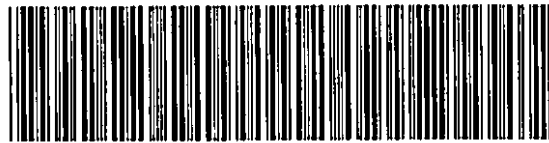
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2 SIMONS
12/22/17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALHAMBRA AUTOMOTIVE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PABLO GONZALO

Name of Person

ALHAMBRA AUTOMOTIVE LLC

Firm/Company

7840 NW 55TH ST

Address

DORAL, FLORIDA, 33166

City/State and Zip Code

info@collisionmiami.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PABLO GONZALO

786

663-7998

at (_____) _____

Name of Person

Area 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)

MAILING ADDRESS:

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**

ALHAMBRA AUTOMOTIVE 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 11/01/2010 and assigned Florida document number L10000113502.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALHAMBRA AUTOMOTIVE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

PABLO EMILIO GONZALO DAM

7840 NW 55TH ST

DORAL - FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

77 DEC 22 PM 12:20
FILED IN THE OFFICE OF THE CLERK OF THE CIRCUIT COURT IN AND FOR THE COUNTY OF DADE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PABLO EMILIO GONZALO DAM

New Registered Office Address:

7840 NW 55TH ST

Enter Florida street address

DORAL

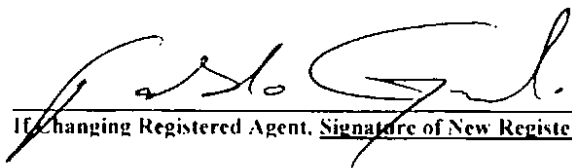
City

Florida 33166

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 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, 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	PABLO EMILIO GONZALO DAM	7840 NW 55TH ST	<input type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PABLO GONZALO ARANDA	7840 NW 55TH ST	<input type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LIGIA CORINA GONZALO DAM	7840 NW 55TH ST	<input type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PABLO EMILIO GONZALO DAM 80% OWNERSHIP

PABLO GONZALO ARANDA 10% OWNERSHIP

LIGIA CORINA GONZALO DAM 10% OWNERSHIP

DEC 22 11:23:20
RECEIVED
STATE DEPARTMENT OF REVENUE

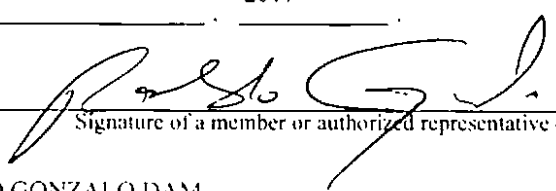
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated DECEMBER 19 2017



Signature of a member or authorized representative of a member

PABLO EMILIO GONZALO DAM

Typed or printed name of signee