## L110000007127

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T. HÂMPTÔN

EXAMINER

MAY 1 6 2011

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	AUTO FIX DA	MAGE EXPRESS LI	.C			
Schalett.		ited Liability Company	·			
	, <u></u>		,			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corre	spondence concerning this matte	r to the following:				
		JORGE SANTIAGO				
		Name of Person				
	AUTO FIX DAMAGE EXPRESS LLC					
		Firm/Company				
	5448	5448 HOFFNER AVE STE 108				
		Address				
	ORLANDO, FL 32812					
		City/State and Zip Code				
	HAB	RAHAM5@YAHOO.CO	<u>M</u>			
		to be used for future annual report	notification)			
For further information	n concerning this matter, please	call:				
JO	RGE SANTIAGO	at (_787 )	688-2231			
Nam	e of Person	Area Code & Da	sytime Telephone Number			
Enclosed is a check for	or the following amount:					
<b>✓</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	Registration So Division of Co Clifton Buildin	rporations ng e Center Circle			

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

SECRETARY OF STATE

11 MAY 13 AM 18: 55

AUTO FIX DAMAG	E EXPRESS	SLLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appea liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	01/21/2011	and assigned		
Florida document number <u>L11000009127</u> .		·			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Comp	pany," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:	5448 HOFFNER AVE STE 108				
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32812				
Enter new mailing address, if applicable:	5448 HOFFNER AVE STE 108				
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32812				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter th	ne name of the new		
registered agent and/or the new registered office address ner	e:				
Name of New Registered Agent:					
New Registered Office Address:	·				
	Enter Florida street address				
	City	, Florida	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

Type of Action <u>Address</u> **Title** <u>Name</u> **HECTOR D ABRAHAM MGRM** 📝 Add 2814 SCENIC LN KISSIMMEE FL 34744 Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove ∐Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **MAY 10** 2011 Dated \_\_\_ Signature of a member or authorized representative of a member JORGE SANTIAGO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00