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12 FEB 20 AM II: 59
SECRETARY OF STATES
ALLAHASSEE, FLORIDA

COVER LETTER

TO:

P.O. Box 6327 Tailahassee, FL 32314

TO:	Registration S Division of Co		ş .	•				
Subji	ECT:	PREMIUM COLLI	SION BODY SHOP LLC					
	Name of Limited Liability Company.							
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.					
Please	return all corresp	ondence concerning this matter	to the following:					
	JARIEL MONTANO							
			Name of Person					
			Firm/Company.					
2221 SE 23 AVENUE								
			Address					
	HOMESTEAD, FL 33035 City/State and Zip Code							
		E-mail address; (to be used for future annual report notifice	tion).				
For fur	ther information	concerning this matter, please of	call:	,				
	 	EL MONTANO	ai (92-3939				
	Name (of Person.	Area Code & Daytime	erepnone Number.				
Enclos	ed is a check for t	the following amount:						
₹2 5	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		ration Section	STREET/COURIE Registration Section Division of Corporate					

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED

12 FEB 20 AM 11: 59

Name of the Limite	M COLLISIO	N BODY SHO	on our records	TOF STATE	
(Albany to the Tallatte	A Florida Limited I	Liability Company)	HELAHAS	SEE, FLORIDA	
The Articles of Organization for this Limited 1	Liability Company	were filed on	3/20/2011	and assigned	
Florida document numberL1100003					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here	•		
		O SALES LLC.			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compan	y," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if appli	13230 SW. 132 AVE. SUITE #6				
(Principal office address MUST BE A STRE	MIAMI,FL. 33186				
Enter new mailing address, if applicable:	13230 SW. 132 AVE. SUITE #6				
(Mailing address MAY BE A POST OFFICE	MIAMI,FL. 33186				
B. If amending the registered agent and registered agent and/or the new registered of			r records, <u>enter t</u>	he name of the nev	
Name of New Registered Agent:	JARIEL MO	JARIEL MONTANO			
New Registered Office Address:	13230 SW	132 AVE SUITE	#6 r Florida street addi	2000	
			r rioriaa sireel aaai		
		MIAMI	, Florida	33186	
		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

Page 1 of 2

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 **Title** <u>Name</u> **Address** Type of Action. **MGRM** JARIEL MONTANO 13230 SW 132 AVE SUITE #6 ✓ Add MIAMI_FL_33186 Remove MGRM YULIET MONTANO 2221 SE 23 AVE ☐ Add HOMESTEAD, FL. 33035 Remove ☐ Remove Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEBRUARY 18** 2012 Dated Signature of a member or authorized representative of a member. Jariel Montano Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00