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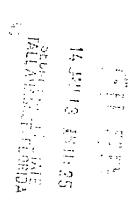
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J. Shivers JAN 1 5 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Port Charlotte Collision and Service Center, 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:
Andrea Alley Name of Person
Port Charlotte Collision and Service Center, LLC Firm/Company
18320 Paulson Dr. Unit B
Port Charlotte FL 33954 City/State and Zip Code
Pccollisionservice @ yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Qualonda Battle at 941 764-3445 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee 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

Port (Narlotte Collision and Service Center, UC (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 11-22-11 and assigned Florida document number WV-84922.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Qualonda Battle

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	Andrea Alley	4142 Reif Ct.	Add	
		Port Charlotte, FL 3394	8 Remove	
AMBR	Qualonda Battle			
		Punta Gorda, Fl 33955	Remove	
			Add	
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			Zi Zada	
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		TO THE SECOND PROPERTY OF THE SECOND PROPERTY	Add	
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D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effe (If an ef	ective date, if other than the date of filing: (optional certive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
ப்ated _	Jan. 2nd . 2014
	Signature of a member of a member
	Andrea C. Alley Typed of printed name of signee
	Dogo 2 of 2

Page 3 of 3

Filing Fee: \$25.00