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(Re	equestor's Name)	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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## **COVER LETTER**

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Division of Corpo					
CHRIECT.	Carlos l	Duenas LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del>"</del>		
	mendment and fee(s) are sub-				
	Carlos Duenas				
		Name of Person			
	Carlos Duenas LLC				
		Firm/Company			
	2100 N Dixie Highway				
		Address			
	West Palm Beach, Florid	da 33407			
		City/State and Zip Code		72 SE	
	carlosbodyshopck@gmai			100 J	······································
For further information cor	E-mail address: (incerning this matter, please ca	to be used for future annual report notificational.	on)	JUL 21 ETARY HASSEI	THE STREET
Kenia Tejada		561 294-7400 at ( )		OF S	IT
Name of I	Person		ephone Number	2015 JUL 21 A II: 39 SECRETARY OF STATE ALLAHASSEE, FYORIDA	<u> </u>
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)	Certificate of Cadditional co	of Status &	

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

Carlos Duenas			<u></u>		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears ability Company)	on our records.)			
The Articles of Organization for this Limited Liability Company vi Florida document number	were filed on	July 16, 2015	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company her	<u>ne</u> :			
Palm Beach Collision LLC					
The new name must be distinguishable and contain the words "Limited Liability Liability Contains the words "Limited Liability Contains the words "Liability Co	ty Company," the de	signation "LLC" or t	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2100 N Dixie	Highway			
(Principal office address MUST BE A STREET ADDRESS)	West Palm Be	each, Fl 33407	7A 22		
Enter new mailing address, if applicable:	2100 N Dixie	Highway	21 ASS		
(Mailing address MAY BE A POST OFFICE BOX)	West Palm Be	ach, Fl 33407	T <sub>Q</sub>		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on	our records, e	nter>the name of the new		
Name of New Registered Agent:			···		
New Registered Office Address:	Enter Flori	da street address			
		TO .1.1			
	City	, Florid	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of a rovided for in C	my duties, and I hapter 605, F.S.	am familiar with and Or, if this document is		

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 = M $AMBR = A$	anager uthorized Member		
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