

J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Prestige Paint and collision 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:

Dale Gatti  
Name of Person

Firm/Company

5501 <sup>mi 58</sup> East Hwy 22 Po Box 430986  
Address

~~Panama City FL 32404~~ Big Pine Key FL 33043  
City/State and Zip Code

Dale Gatti@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dale Gatti at (305) 923 0370  
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

FILED  
2014 JUN 16 AM 9:41  
TALLAHASSEE, FL  
CLERK OF STATE

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

Prestige Paint and collision center, 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 2/3/14 and assigned  
Florida document number L14000020398

This amendment is submitted to amend the following:

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

Prestige Paint and collision center, LLC.

The new name must be distinguishable and end with 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)

Same

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

Same

**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:

Joshua Ryan Howell

New Registered Office Address:

5801 East hwy 22  
Enter Florida street address

Callaway  
City

Florida

32404  
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.

Joshua Ryan Howell  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
mGR	Joshua R Howell	5801 East Hwy 22	<input checked="" type="checkbox"/> Add
		Panama city, FL, 32404	<input type="checkbox"/> Remove
mGR	Dale W GATTI	5801 East Hwy 22	<input type="checkbox"/> Add
		callaway, FL, 32404	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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2014 JUN 6 AM 9:44  
CLERK OF STATE  
TALLAHASSEE FLORIDA

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

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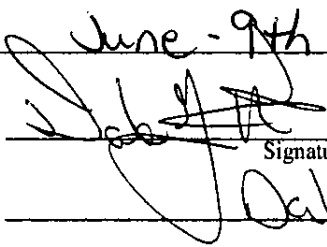
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June - 9th, 2014.



Signature of a member or authorized representative of a member

Dale W GATH

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

CLERK OF STATE  
STATE OF FLORIDA

2014 JUN 16 AM 9:41

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