

L1500000 6524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700268697877

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 JAN 28 PM 2:17  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
2015 JAN 28 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 29 2015  
J. HARRIS

CSC

ACCOUNT NO. : I20000000195  
REFERENCE : 456107 8029255  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$25.00

ORDER DATE : January 12, 2015  
ORDER TIME : 11:02 AM  
ORDER NO. : 456107-005  
CUSTOMER NO: 8029255

DOMESTIC AMENDMENT FILING

NAME: JACKSONVILLE AUTO COLLISION  
REPAIR, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

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

JACKSONVILLE AUTO COLLISION REPAIR, 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 01/12/2015 and assigned  
Florida document number L15000006524.

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 "L.L.C."

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)

2015 JAN 28 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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 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.*

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>
AMBR	Rosa A Morales	7749-145 Normandy Blvd #237	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32221	<input type="checkbox"/> Remove
AMBR	Mylyn Morales	7749-145 Normandy Blvd #237	<input type="checkbox"/> Add
		Jacksonville, FL 32221	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

2015 JAN 28 AM 10:12

FILED

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

---

---

---

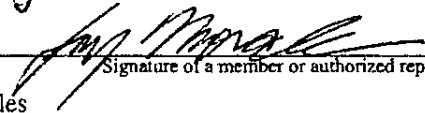
---

---

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 January 25, 2015.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Joey Morales

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2015 JAN 28 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA