3/19/2020

Horida Denartment of State

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(((H20000088219 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : D. FISCHER & ASSOCIATES, INC.

Account Number : I19990000042 Phone

: (561)799-3810

Fax Number

; (561)799-1818

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. •• ::

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN XTREME AUTO COLLISION, LLC.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

X'I'REME AUTO COLLISION, LI (Name of the Limb	ted Liability Company as it now appears on c (A Plorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited L	iability Company were filed on 09/08/20	2015 and assigned
This amendment is submitted to amend the foll A. If amending name, enter the new name o		2020 HAR
The new name must be distinguishable and contain the venter new principal offices address, if applies (Principal office address MUST BE A STREE	cable:	ation "LLC" or the abbreviation "LJ.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our recoress here:	ds, enter the name of the new registers
Name of New Registered Agent:	WILMARY LOPEZ PEREZ	
New Registered Office Address:	2188 N MILITARY TRAIL, STE B	irees address
	WEST PALM BEACH	Florida 33409
	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

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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 = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	DANIEL LOPEZ	2188 N MILITARY TRAIL, STE B	
		WEST PALM BEACH FL 33409	■Remove
			□Change
MGR	WILMARY LOPEZ PEREZ	2189 N MILITARY TRAIL, STE B	= Add
		WEST PALM BEACH FL 33409	□Remove
			— □ZBange HARA
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ective date, if other than the date of fili	ina.	(optional)
ective date, if other than the date of the confective date is listed, the date must be specific a ter. If the date inserted in this block does no		f filing or more than 90 days	Lafter filling.) Pursuant to 605.
cument's effective date on the Department of	f State's records.		
		3.01 s.m. on the earlier	of: (h) The 90th day after
ecord specifies a delayed effective date, but n is filed.	tot an enective time, at 1	Zivi umi, yn me carity	(-)
ted MARCH 18	2020		
			

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