

L16000000866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FILED

S. WARREN

MAR 30 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2018

HUSSEIN SOUEID
1941 NE 34 CT
LIGHTHOUSE POINT, FL 33064

SUBJECT: LIGHTHOUSE POINT COLLISION CENTER LLC
Ref. Number: L16000000866

We have received your document for LIGHTHOUSE POINT COLLISION CENTER LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 318A00005405



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2018

HUSSEIN SOUEID
1941 NE 34 CT
LIGHTHOUSE POINT, FL 33064

SUBJECT: LIGHTHOUSE POINT COLLISION CENTER LLC
Ref. Number: L16000000866

We have received your document for LIGHTHOUSE POINT COLLISION CENTER LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

IF TRYING TO CHANGE THE PERSON AUTHORIZED TO MANAGE, FILL OUT
ENCLOSED AMENDMENT FORM

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 918A00004645

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lighthouse Point 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:

Hussein Soueid
Name of Person

Lighthouse Point Collision Center, LLC.
Firm/Company

1941 NE 34 CT
Address

Lighthouse Point, FL. 33064
City/State and Zip Code

info @ lhp collision . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hussein Soueid at (954) 247-9180
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)
- (already received prior),
to this letter

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**

Lighthouse Point Collision, 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 12/30-15 and assigned Florida document number L16000000866.

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 contain 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)

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:

Hussein Soueid

New Registered Office Address:

1941 NE 34 CT

Enter Florida street address

Lighthouse Point

City

Florida

33064

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Hussain Soudki

Typed or printed name of signee

FILED
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STREET PART OF STATE
TALLAHASSEE FLORIDA