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COVER LETTER

TO: Registration S Division of Co			
IMPRESS SUBJECT:	SIVE COSTUM AUTO BODY	AND PAINT LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CRAIG HOLLANDER		
		Name of Person	
	C HOLLANDER AND A	SSOCIATES LLC	
		Firm/Company	
	1515 N UNIVERSITY DE	R STE 203A	,
		Address	3
	CORAL SPRINGS FL 330	071	10 T.
		City/State and Zip Code	
	PROCOUNTI@AOL.COM		P
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notif	F.
			.0 62
CRAIG HOLLANDER		954 346-9119 at ()	<u> </u>
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for			
\$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)
Regist Divisi P.O. f	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMPRESSIVE CUSTOM AUTO BODY AND PAINT 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 $\frac{01/25/2016}{1}$ and assigned Florida document number _L16000017035 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." 2051 SW 70th AVENUE Enter new principal offices address, if applicable: BAY E7 (Principal office address MUST BE A STREET ADDRESS) DAVIE FL 33317 2051 SW 70th AVENUE Enter new mailing address, if applicable: BAY E7 (Mailing address MAY BE A POST OFFICE BOX) DAVIE FL 33317 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

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.

City

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 = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
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		F. 123
Nate: If the date inserted in this bli document's effective date on the De	ck does not meet the applicable statutory fili partment of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.0207 (3)(bing requirements, this date will not be listed ax the etime, at 12:01 a.m. on the earlier of:
The 90th day after the rec	rd is filed.	
Dated FEBRUARY 29	2016	
I will had	Manager and a second of the se	
	Signature of a member or authorized representati	ive of a member

Page 3 of 3

Filing Fee: \$25.00