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MECRETARY OF STATE

K.S.ALY EXAMINER APH 25

COVER LETTER

Division of Corporations
SUBJECT: Express Auto Painting @ Collision Services L 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:
Brad S. Hutchinson Name of Person
Express Auto Painting & Collision Services, LUC
3128 9th Street N. Address
5+. Petersburg, FL 33714 City/State and Zip Code
For further information concerning this matter, please call: BHHhins on Brad @Asl Com
Brad Hutchinson at (127) 415-1117 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

\$55.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 APR 22 PM 2: 1.

Express Auto Pair (Name of the Limited Light (A Flor	Hing @ Collision Ser View Selver Selv	Py 2: 13
The Articles of Organization for this Limited Liability	Company were filed on <u>3-3-16</u> and assig	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li Express Auto Painting The new name must be distinguishable and contain the word of L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	# Collision Services, LCC. Limited Liability Company," the designation "LLC" or the abbreviation "L.L."	C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our records, enter the name of ddress here:	f the new
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

AGR = M AMBR = A	lanager authorized Member		FILED 2016 APR 22 PM 2: 13 FALLAHASSEE, FLORIDA	
<u>`itle</u>	Name	Address	SECRETARY OF	Type of Action
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	Brad S. Hytchinson Typed or printed name of signee		C 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.		

Page 3 of 3

Filing Fee: \$25.00