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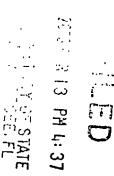
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COVER LETTER

TO: Registration Se Division of Cor			
	COLLISION REPAIR & AUTO	O SALES LLC	
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUIS LEON		
		Name of Person	
	BEMBAS COLLISION R	EPAIR & AUTO SALES LLC	
		Firm/Company	
	5909 ST AUGUSTINE RI		
	-	Address	
	JACKSONVILLE, FL 322	217	
		City/State and Zip Code	
	doralys021766@gmail.com	to be used for future annual export no	viitigatism)
For further information of	E-mail address: (concerning this matter, please c		Gineation)
LUIS LEON		904 437-1634 at ()	
Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration Division of C	Section	<u>Street Address:</u> Registration S Division of C	orporations
P.O. Box 632	27	The Centre of	Tallahassee roe Street, Suite 810
Tallahassee.	FL 32314	2415 N. MOH	ice offect barre or o

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TILED

BEMBAS COLLISION REPAIR & AUTO SALES LLC

2025 ACR 13 PH 4: 37

(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 1-10-17 Florida document number <u>L17000008010</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: D & A COLLISION AUTO SALES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 5909 ST.AUGUSTINE RD STE 5 Enter new principal offices address, if applicable: JACKSONVILLE, FL 32207 (Principal office address MUST BE A STREET ADDRESS) 5909 ST.AUGUSTINE RD STE 5 Enter new mailing address, if applicable: JACKSONVILLE, FL 32207 (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: New Registered Office Address: Emor Florida street address _. Florida <u>___</u>

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 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

<u>Title</u>	Name	Address	Type of Action
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			□Remove
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ective date, if other than the d	late of filing: 4-6-23	(an	tional)
effective date is listed, the date must be: If the date inserted in this block	be specific and carmot be prior to date	of filing or more than 90 days aff	ter filing.) Pursuant to 605.020
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cord specifies a delayed effective is filed.	date, but not an effective time, at	. 12:01 a.m. on the earlier of:	(b) The 90th day after the
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ed April 6	2023		
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Typed or printed name of signee