

# L170000008010

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900406549409

04/13/23--01020--008 \*\*25.00

FILED  
APR 13 2023 PM 4:37  
CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BEMBAS COLLISION REPAIR & AUTO SALES 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:

LUIS LEON

Name of Person

BEMBAS COLLISION REPAIR & AUTO SALES LLC

Firm/Company

5909 ST AUGUSTINE RD

Address

JACKSONVILLE, FL 32217

City/State and Zip Code

doralys021766@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS LEON

904 437-1634  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BEMBAS COLLISION REPAIR & AUTO SALES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2025 APR 13 PM 4:37

CLERK OF STATE  
TALLAHASSEE, FL  
and assigned

The Articles of Organization for this Limited Liability Company were filed on 1-10-17

Florida document number L17000008010

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."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

5909 ST.AUGUSTINE RD STE 5

JACKSONVILLE, FL 32207

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5909 ST.AUGUSTINE RD STE 5

JACKSONVILLE, FL 32207

**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*

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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/> 1	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
		<hr/>	<input type="checkbox"/> Change
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
		<hr/>	<input type="checkbox"/> Change
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
		<hr/>	<input type="checkbox"/> Change
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
		<hr/>	<input type="checkbox"/> Change
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
		<hr/>	<input type="checkbox"/> Change
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
		<hr/>	<input type="checkbox"/> Change

1023 APR 13 PM 4: 37  
CLERK OF STATE  
TALLAHASSEE, FL

FILED  
2023 APR 13 PM 4: 37  
CLERK OF STATE  
TALLAHASSEE, FL

4-6-23

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 6, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee