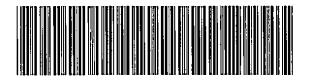
117000017894

| (Red | questor's Name) | |
|-------------------------|-------------------|--|
| (Add | dress) | |
| (Add | dress) | <u>. </u> |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer; | |
| | | |
| | | |
| | | |





200321250542

12/17/18--01021--025 ++25.00

ANTERNATION OF THE CANADA CONTRACTOR OF THE CA

N. CAUSSEAUX JAN 4 2019

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|---|--|
| SUBJECT: <u>Orla</u> | udo Finest Auto | body Collision I A | <u> </u> |
| | Name of Lini | ded Claumty Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Nigel Ti | Name of Person | |
| | | Name of Person | |
| | | | |
| | | FirmvCompany | |
| | | | |
| | | A.J.J. | |
| | | Address | |
| | | | |
| | | City/State and Zip Code | - |
| | a landos nest | out look .c unto be used for future annual report notif | ication) |
| | | · | ication, |
| For further information c | oncerning this matter, please ca | aH: | |
| Nigar F | - | at (<u>786</u>) <u>519-</u> Area Code Daytime | 7801 |
| Name o | f Person | Area Code Daytime | : Telephone Number |
| | | | |
| Enclosed is a check for the | 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) |
| | | | |

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**

Orlando Finest AutoBody Collision, LLC

| (A Florida Lin | ompady as it now appears on our records inted Liability Company) | <u>.</u> |
|---|---|------------------------------|
| The Articles of Organization for this Limited Liability Com | pany were filed on | ية. and assigned |
| Florida document number <u>1/70000/7894</u> | , , | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | l liability company here: | |
| Orlando's Sinest Auto Body and The new name must be distinguishable and contain the words "Limited | Collision JLC 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 ADDRES | <u>SS)</u> | |
| | <u></u> | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | ed office address on our records <u>s here</u> : | , enter the name of the ne |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | <u> </u> | |
| New Registered Office Addiess. | Enter Florida street addres. | y. |
| New Registered Office Address. | Enter Florida street addres. | orida |

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

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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
| | | | |
| | | | Remove |
| | | | DChange: |
| | | | □ Add |
| | | | PH |
| | | | □ Remove . |
| | | | ☐ Change |
| | | | Add |
| | | | Remove |
| | | | ☐ Change |
| | | | |
| | | | Remove |
| | | | ☐ Change |
| | | | |
| | | | Remove |
| | | | ☐ Change |
| | | | |
| | | | Remove |
| | | | Change |

| _ | | |
|------------------|---|---|
| | | |
| _ | | - 1 |
| _ | | |
| _ | | |
| = | | P |
| _ | | - 5 |
| _ | | |
| _ | | |
| _ | | |
| _ | | |
| _ | | |
| _ | | |
| | | |
| | | |
| _ | | |
| ~ | | |
| (If an off Note: | ive date, if other than the date of filing: | otional) Ter filing.) Pursuant to 605.0207 (. his date will not be listed as th |
| the red) The | cord specifies a delayed effective date, but not an effective time, at $12:01$ and $12:01$ solutions after the record is filed. | La.m. on the earlier of: |
| Dated | 12/to/ 2018 | |
| | 2018 Signature of a member or authorized representative of a member | |
| | AMEER DA 15 H Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00