## 117000112229

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Office Use Only



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## COVER LETTER

TO: Registration Division of C			
	'S AUTO BODY AND PAINT I	AC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	CARL L KENNEDY		
		Name of Person	
	KENNEDY & GOARD L	LC	
		Firm/Company	
	980 N FEDERAL HWY	SUITE 110	
		Address	
	BOCA RATON, FL 3343	2	
		City/State and Zip Code	
	CLKTax@AOL.COM		
		to be used for future annual report noti	lication)
For further information	concerning this matter, please c	all:	
CARL L KENNEDY		304 552-0206 at ( )	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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:

TO:

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

DANNY'S AUTO BODY AND PAINT LLC (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L17000112229}{L17000112229}$ .	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation [L.L.G.]
Enter new principal offices address, if applicable:	2166 - 2178 MEARS PARKWAY	77 Di
(Principal office address MUST BE A STREET ADDRESS)	MARGATE, FL 33063	
		<u> </u>
Enter new mailing address, if applicable:	2166 - 2178 MEARS PARKWAY	99 / J
(Mailing address MAY BE A POST OFFICE BOX)	MARGATE, FL 33063	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		the name of the nev
	, Florida	
	City	Zw 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

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	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
		<u>.</u>	
			Remove
			□ Change
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ffective date, if other than the date must be	ate of filing:	of filing or more than 90 days a	p <b>tional)</b> fler filing.) Pursuant to 605	5.0207
Note: If the date inserted in this bloc locument's effective date on the Dep	k does not meet the applicable s			
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e record specifies a delayed The 90th day after the <u>re</u> col		effective time, at 12:0	1 a.m. on the earlie	er o
DECEMBER 01	2017			

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Typed or printed name of signee

Filing Fee: \$25.00