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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Submission Limity Hame) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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2020 AUG -6 PH 4: OE SECRETARY OF STATE

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| XTREM SURJECT: | E PRECISION AUTO COLLISI | ON LLC | • |
| ocusion. | Name of Lin | nited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sul | bmitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| • | JOSE A. SEPULVEDA | | |
| | | Name of Person | · h · · |
| | Name of Person XTREME PRECISION AUTO COLLISION LLC Firm Company 4310 W SOUTH AVE Address TAMPA, Fl. 33614 City/State and Zip Code Xtremeprecisioncollision@gmail.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: SE A. SEPULVEDA Name of Person SE A. SEPULVEDA Name of Person SSE A. SEPULVEDA SOUTH AVE Closed is a check for the following amount: SE SE A. SEPULVEDA SE SEPULVEDA SE SEPULVEDA Closed is a check for the following amount: SE SE SEPULVEDA Closed is a check for the following amount: Closed is a check for the following amount: SE SE SE SEPULVEDA Closed is a check for the following amount: Closed is a check for the following amount: | | |
| | | Firm/Company | |
| | 4310 W SOUTH AVE | | |
| | | Address | |
| | TAMPA, FI, 33614 | | |
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| For further information | | | (fication) |
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| | | 8/13 405-4288 at () | |
| Name | of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for | the following amount: | | |
| □ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & |
| Mailing Addr | | Street Address: | |
| Registration | Section | 13 | |

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

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

FILED

2020 AUG -6 PM 4: 09

XTREME PRECISION AUTO COLLISION, LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our related ATIASSEE, FL. (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liabil | lity Company were filed on 10/16/2017 | and assigned |
|---|---|---|
| Florida document number 1.17000214072 | | |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| The new name must be distinguishable and contain the words | s "Limited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: | |
| (Principal office address MUST BE A STREET A | ADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO. | <u></u> | |
| | | |
| B. If amending the registered agent and/or regis | stered office address on our records, enter t | he name of the new registered |
| agent and/or the new registered office address h | ere: | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| - | | rida Zıp Code |
| New Registered Agent's Signature, if changing Regi | | Zip Code |
| | | |
| I hereby accept the appointment as registered as provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change | and complete performance of my duties, and red agent as provided for in Chapter 605, F istered office address, I hereby confirm tha | l Lam familiar with and S. Or, if this document is |
| | | |

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 |
|---------------------------|------------------|-----------------------------------|----------------|
| MGR | JESUS E. GALIANO | 4310 W SOUTH AVE, TAMPA, FL 33614 | ≣ Add |
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| ffective date, if other than an effective date is listed, the date of the late in certain in this | the date of filing: | | | (optional) | |
| ore: If the date inserted in this | s block does not meet in | ie applicable stati | illing or more than 90 itory filling require | J days after filing.) Pur ments, this date will | suant to 605.0 not be listed |
| ocument's effective date on the | : Department of State's | records. | | | |
| record specifies a delayed effe | ctive date, but not an eff | Sective time, at 10 | POt a m. on the wee | diar of the The Off | |
| l is filed. | | rective since, at 12 | or a.m. on the car | ner or. (b) The 90 | m day aner i |
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| | Signature of a member | er or authorized rep | resentative of a mem | ber | |

Filing Fee: \$25.00