

118000048384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

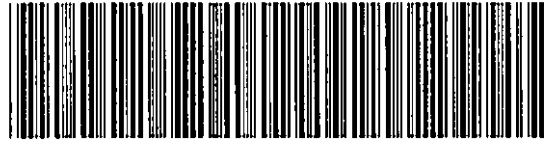
(Document Number)

Certified Copies _____ Certificates of Status _____

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10/02/20



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21 SEP 24 AM 5:07
RECEIVED
WASHINGTON STATE
DEPARTMENT OF REVENUE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Colonial Auto Plaza
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:

David Horenstein
Name of Person
Firm/Company
2870 Stirling Rd Ste 209
Address
Hollywood FL 33020
City/State and Zip Code
David@royalpublicadjusters.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Horenstein at (954) 805-0010
Name of Person Area Code Daytime 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)

FILED
21 SEP 26 AM 5:07
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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**

COLONIAL AUTO PLAZA LLC

(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 02-22-2018 and assigned Florida document number L18000048384.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

Enter new mailing address, if applicable:

(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:

David Horenstein

New Registered Office Address:

2870 Stirling Rd Ste 209

Enter Florida street address

Hollywood

City

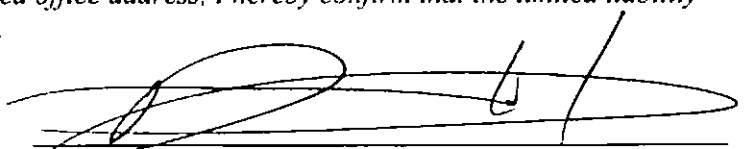
Florida

33020

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Elkaim, Aron	4969 SW 33 Way	<input type="checkbox"/> Add
		Ft. Lauderdale FL 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David Horenstein	2870 Stirling Rd	<input checked="" type="checkbox"/> Add
		Ste 209	
		Hollywood FL 33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eliyahu Ilan Peretz	5358 SW 32nd Ave	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale FL	<input type="checkbox"/> Remove
		33312	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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All
07
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

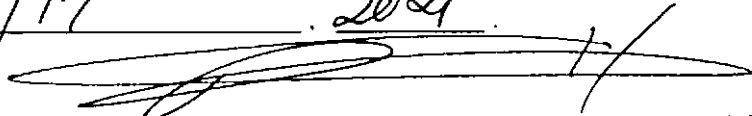
FILED
STATE DEPARTMENT OF STATE
RECORDS SECTION
21 SEP 21 AM 6:07

E. Effective date, if other than the date of filing: 9/17/2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 9/17 2021


Signature of a member or authorized representative of a member

David Horenstein

Typed or printed name of signee