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(Requestor's Name) (Address) (Address)	600300707876			
(City/State/Zip/Phone #)				
(Business Entity Name) (Document Number)	TIS MAY IL PH			
Certified Copies Certificates of Status				
Office Use Only No charge amendment.	<i>!!</i>			
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		ration Section on of Corporations
SUBJEC	P T:	EMBROKE COLLISION CENTER
		Name of

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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:

	ANIBAL LEON		 .	n 🚍
		Name of Person	¹ -1	F. TI
		Firm/Company		
	4005 E. 4TH AVENUE			ــــــــــــــــــــــــــــــــــــ
		Address		- 9
	HIALEAH, FLORIDA 3:	3013		
	bujan@bujanmarichaltaw.	City/State and Zip Code		
	E-mail address:	(to be used for future annual report noti-	fication)	
For further information ec	incerning this matter, please o	all:		
Jesus F. Bujan		305 442-1439 at (
Name of	Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for the	e following amount:			
S25.00 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 State Certified Copy (additional copy is end)	us &
Registra Division P.O. Bo:	NG ADDRESS: tion Section of Corporations < 6327 see, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEMBROKE COLLISION CENTER		
(<u>Name of the Limited</u>	Liability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liab Florida document number <u>L18000075619</u>		Frand enigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, <u>enter the new name of th</u>	he limited liability company here:	р н
PEMBROKE COLLISION CENTER LLC		.*. 😐
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BC</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, e address here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			🖸 Add
			Remove
			Change
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fective date, if other than the date an effective date is listed, the date must be sp ate: If the date inserted in this block do	of filing.		(ional)	

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

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 May 10	2018	\frown
	,,,	$\langle X_{I} \rangle$
	Signature of a member or authorized repr	esentative of a member
ANIBAL LEON		
	Typed or printed name of	Signee

Page 3 of 3

Filing Fee: \$25.00