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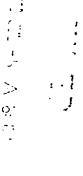
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

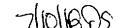
Office Use Only



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## **COVER LETTER**

то:	Registration Se Division of Cor			
em iez		lision Repair, LLC		
SUBJEC		Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	unitted for filling.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Milosłav Polansky		2
		<del></del>	Name of Person	,
		MT&T Collision Repair,	LLC	
			Firm/Company	<u>.</u>
		1728 Broken Bow Dr W		7.
			Address	
		Jacksonville, FL 32225		
			City/State and Zip Code	
		dukemoto1@gmail.com		
For furth	ner information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report rall:	otification)
Miloslav	v Polansky		904 866-3280	)
	Name o	f Person	at () Arca Code Days	ime Telephone Number
Enclosee	I is a check for tI	ne following amount:		
<b>p</b> \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed:	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: cation Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations ! Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MT\$T Collision Repair, 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  $\frac{6/28/2018}{1}$ and assigned Florida document number L18000158244 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MT&T Collision Repair, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address

## 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>	Address	Type of Action
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			Change
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effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more  if the date inserted in this block does not meet the applicable statutory filing re  iment's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605, quirements, this date will not be liste
ecord specifies a delayed effective date, but not an effective time ne 90th day after the record is filed.	e, at 12:01 a.m. on the earlie
d JUNE 29 2018.	
<b>C</b> ,	
Signature of a member or authorized representative of a	

Page 3 of 3

Filing Fee: \$25.00