

L19000033056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entry Name)

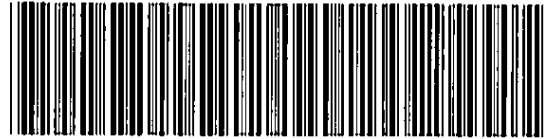
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2022 JAN 27 AM 12:47
CLERK OF STATE
TALLAHASSEE, FL
2022 JAN 27 PM 3:45

M. SILKER

JAN 28 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 438426 7256966

AUTHORIZATION

Eylien Baker

COST LIMIT : \$55.00

ORDER DATE : January 27, 2022

ORDER TIME : 2:42 PM

ORDER NO. : 438426-005

CUSTOMER NO: 7256966

DOMESTIC AMENDMENT FILING

NAME: PREFERRED REPAIR NETWORK, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: _____

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PREFERRED REPAIR NETWORK, 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 FEBRUARY 1, 2019 and assigned
Florida document number L19000033056.

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:

6875 SHILOH ROAD EAST

(Principal office address MUST BE A STREET ADDRESS)

ALPHARETTA, GEORGIA 30005

Enter new mailing address, if applicable:

6875 SHILOH ROAD EAST

(Mailing address MAY BE A POST OFFICE BOX)

ALPHARETTA, GEORGIA 30005

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:

CORPORATION SERVICE COMPANY

New Registered Office Address:

1201 HAYS STREET

Enter Florida street address

TALLAHASSEE

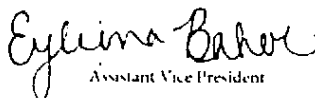
, Florida 32301

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.


Assistant Vice President

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>
AMBR	Hancock Claims Consultants, LLC	6875 SHILOH ROAD EAST	<input checked="" type="checkbox"/> Add
		ALPHARETTA, GA 30005	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DONALD CROUCH	5230 LAND O' LAKES BLVD. #416	<input type="checkbox"/> Add
		LAND O' LAKES, FL 34639	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

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.

Dated JANUARY 27 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00