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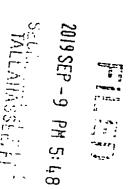
(Requ	estor's Name)	
(Addr	ess)	
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·		
(City/s	State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:		ion Section of Corporations			
CHDIE		COLLISION CENTER LLC			
SUBJE	C1:	Name of	Limited Liability Company	. 	-
The enc	losed Artic	les of Amendment and fee(s) are	submitted for filing.		
Please r	eturn all co	rrespondence concerning this ma	atter to the following:		
		KEILLI JIMENEZ			
			Name of Person		<u> </u>
		MG COLLISION REI	PAIR LLC		
			Firm/Company		_
		37643 CHRISTIAN R	RD.		
			Address		
		DADE CITY, FL 335	23		
		MGBODYREPAIR@0	City/State and Zip Code		<u> </u>
		-	ess: (to be used for future annual	report notification)	-
For furt	her informa	ntion concerning this matter, plea	ese call:		
KEILL	I JIMENEZ	<u>'</u>	352 45	7-2216	
	```	Same of Person	Area Code	Daytime Telephone Numb	oer
Enclose	ed is a checl	x for the following amount:			
\$25	.00 Filing I	Fee S30.00 Filing Fee & Certificate of Statu		Certificolosed) Certific	Filing Fee, cate of Status & ed Copy hal copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MG COLLISION CENTER 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 03/12/2019	and assigned
Florida document number L19000070098	<del> </del>	_ 0
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
MG COLLISION REPAIR LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2019
	ļ	SE
	NHAS.	1
Enter new mailing address, if applicable:	(c)	· 99 ;
(Mailing address MAY BE A POST OFFICE BOX)	[1] [3]	284
	<u> </u>	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		he name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, ij	miliar with and 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			D Add
		□ Remove	
	<del> </del>		Add
			□ Remove
		Change	
		Add	
		☐ Remove	
		Change	
		☐ Remove	
		Change	
			Remove
			☐ Change

D. If amendir	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
	03/12/2019
(If an effective Note: If the	ate, if other than the date of filing:  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) to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: h day after the record is filed.
Dated Au	194ST 20 . 2019 .
-	Signature of a member or authorized representative of a member
	KEILLI JIMENEZ
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00