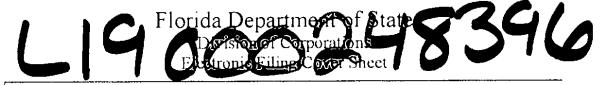
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK ELP

Account Number : 075500004387 : (813)229-7600 Phone Fax Number : (813)229-1660

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: arichards@shumaker.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIGHTNING AUTO BODY AND CUSTOM SHOP, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Help

COVER LETTER

TO: Registration Se Division of Cor			
Lightning A	Auto Body and Custoni Shop L	LC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John Shaver		
		Name of Person	
	Lightning Auto Body and	Custom Shop LLC	
		Finn/Company	
	4601 W GANDY BLVD	Suite C	
		Address	.
	TAMPA, FL 33611		
		City/State and Zip Code	
	john@lightningautorepair.c E-mail address: (to be used for future annual report not	(fication)
For further information c	oncerning this matter, please c	all:	
John Shaver		813 431-4747 at ()	
Name o	i Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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)
Mailing Addres Registration 9 Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration So Division of Co The Centre of	rporations Fallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lightning Auto Body and Custom Shop LLC			
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on o hability Company)	sur records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.19000248396	were filed on 10/02/20	019	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designa	ation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			2
(Principal office address MUST BE A STREET ADDRESS)			22 #
			ARPROV AND FILEI
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		10.7 10.7 17.1 17.1	7.0
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our record	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	reet address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my a provided for in Chapt	luties, and Lam far ter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joshua Peasiee	1333 28th Ave N	□Add
		St Petersburg, FL 33704	■Remove
			☐Change
AP	Joshua Peaslee	1333 28th Ave N	≅Add
		St Petersburg, FL 33704	
			□Add
			Remove
			Change
			□Remove
			Chunge
			[]Remove
		-	[IChange
			□Remove
			[]Change

D. It amending any other infor	mation, enter change(s)	here: (4)5h h adda	unnal sheers it neer	ssary f
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F. Effective date, if other than rif an effective date is lived, the date Note: If the date inserted in the document's effective date on the	must be specific and cannot be is black dues not mact the a	poor to date of filing or n pplicable statutory film	norg than 90 day caller t	तिहार १८६८ हुन्य का उन्यक्त प्रकार १८ एट्टे
If the textord specifies a delayed offe record is filed	crive date, but not an effecti	ive time, at 12.01 a.m.	on the earlier of (b)	The 90th day after the
March U	2022	= . *		
	سيسيد. سارسيسيد. والمستسيد			
	dante de flicibera	authorized representative	e ni a member	
John Shaver				
	Typed or	ponted name of signer		

Filing Fee: \$25.00

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