# n20000138721

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Secret Collision Center LC  Name 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:
Sose A. Abaladejo Name of Person
The Secret Collision Center 11C
3411 Recker Hwy
Winker Haven, FL 33880 City/State and Zip Code
the Secret Calision Center IC & grade Com E-mail address: (to be used for future annual report politication)
For further information concerning this matter, please call:
SSL A. Albalaclejo at (407, 684-3592  Name of Person Area Code, Daytime Telephone Number
Enclosed is a check for the following amount:    S25.00 Filing Fee   \$30.00 Filing Fee &   \$55.00 Filing Fee &   \$60.00 Filing Fee.   Certificate of Status   Certified Copy (additional copy is enclosed)   Certifie

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Secret Collision Conter IIC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited L	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000138721</u>	were filed on October 19, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here:  Name of New Registered Agent:	iddress on our records, enter the name of the new registered
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
N. D.	City Zıp Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing 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 familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chan	ging 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	Jose Rincon	353 Casa Verano LN	□Add
		353 Casa Verano LN Davenport FL 33897	i <b>X</b> Remove
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			□Change
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			Remove
			□Change
			□Add
		<u> </u>	□Remove
			(I) Change

(	Mimps of Authorized person Sose A.
	Albaladein home address. Address is
	the following: 1300 Lake Howard dr
	Winter House F1 33880.
<del></del>	
_	
effectiv e: If t	date, if other than the date of filing:
ord sp filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed	April 28
	Church
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00