## 121000068315

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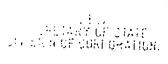
## **COVER LETTER**

	Registration So Division of Co					
CHID IT!		ion & Şales Repair LLC				
SUBJEC	·1;	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ondence concerning this matter	_			
		Luis Fernando Oliva Anto	n			
			Name of Person			
		Luis Collision & Sales Rep	pair LLC			
			Firm/Company			
		1920 Chiquita Blvd N				
			Address			
		Cape Coral, Fl, 33993				
			City/State and Zip Code	<del></del>		
		hector_rivera192@yahoo.co				
For furthe	er information o	e-man address: (	to be used for future annual report no ail:	ourieation)		
	nando Oliva An		786 343-0378			
Name of Person		at () Area Code Daytime Telephone Number				
Enclosed	is a check for th	he following amount:				
<b>■ \$25.</b> 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Address:	and in m		
	Registration ! Division of C		Registration Section Division of Corporations			
	P.O. Box 632		The Centre of			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 MAR 15 PM 4: 13

Luis Collision & Sales 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 Li Florida document number $\frac{1.21000068315}{1.000068315}$	iability Company were filed on 02/09	9/2021 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here	<u>e</u> :
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applications	able:	·
(Principal office address MUST BE A STREE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE A	<u>BOX)</u>	
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:		ords, enter the name of the new registered
New Registered Office Address:	Futer Florid	a street address
	City	, FloridaZip Code
New Registered Agent's Signature, if changing F	Registered Agent:	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re- company has been notified in writing of this company	er and complete performance of m stered agent as provided for in Ch registered office address, I hergby	y duties, and I am familiar with and apter 605. F.S. Or. if this document is

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



21 MAR 15 PH 4: 13

<u>Title</u>	Name	Address	Type of Action
AMBR	Luis Fernando Oliva Anton	1920 Chiquita Blvd N	
		Cape Coral, Fl. 33993	□Remove
			Change
			□Add
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

						21 MAR	15 P	14:13
Only	two changes reques	ted. Change na	me of register	ed agent to Lu	iis Fernando Ol	iva Anton.		
Also	, change title to auth	orized member						
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ctive	date, if other than	the date of fil	ling:			(option:	alì	
effectiv	e date is listed, the date in serted in th	must be specific	and cannot be p	prior to date of ti	ling or more than	90 days after fil	ing.) Pursua	
	s effective date on th							
ord se	ecifies a delayed effe	otiva data hiit	not an offocii	outing at 134	lam antha	portion of the	ገኤ <sub>ል ባለተ</sub>	day after 15
filed.	cernes a delayed en	ctive date, out	not an effective	e time, at 12.0	or a.m. on the c	rarmer or: (b)	The 90th	day anet u
Ma	ch 07	1	2021					
d				·				
			///					

Filing Fee: \$25.00

Typed or printed name of signee