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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: M.T. COLLISION CENTER OF ORLANDO, LLC 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:		
ELIS D. MEDINA III  Name of Person		
M.T. COLLISION CENTER OF ORLANDO, CLC Firm/Company		
33 Sweetwater Creek Cir		
Oviedo, FL 32765  City/State and Zip Code  ELISMEDINA 69 @ GMAIL · COM  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Elis D. MEDINA III at (407) 284-8441  Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed)  S50.00 Filing Fee, Certified Copy (cadditional copy is enclosed)  Certified Copy (additional copy is enclosed)		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallabassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M.T. CONISION CENTER OF ORLANDO, UC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Non-Designary County County of sharping Designary	City	Zip Code
	, Flori	
New Registered Office Address:	Enter Florida street address	17 E 177
Name of New Registered Agent:		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liab	ility company here:	
This amendment is submitted to amend the following:		
The Articles of Organization for this Limited Liability Company Florida document number <u>L2[0008]1680</u> .	were filed on TEDI VOG 4 [1]	, KUOT and assigned
	- Con Eph CUCIVIL 37	202/

## 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.

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 MGR ELIS D. MEDINA III Oviedo, FL 32765 XAdd \_\_\_\_\_ Remove MGR KERRIE A SAMUEL Oxiedo, FL 32765 DAdd \_\_\_\_\_ □Remove bbA🗆 \_\_\_\_\_\_ DAdd \_\_\_\_ 🗔 Add □Remove

II amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an effec <u>Note:</u> H	e date, if other than the date of filing:
record d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated	March 10, 2021.  Med Moderne of a member or authorized representative of a member.  Signature of a member or authorized representative of a member.
	Mediante of a member or authorized representative of a member
	ELIS D. MEDINA III  Typed or printed name of signee