12/1**2**24, 3:36 PM Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000414823 3)))



H2400041482334BC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC

Account Number : I20220000070

Phone

: (888)462-3453

Fax Number

: (877)919-2613

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

Email Address:_

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXPRESS COLLISION NETWORK, LLC

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K. SALY DEC 2 6 2024

Tallahassee, FL 32314

COVER LETTER

TO: Registration Division of C						
EXPRES	EXPRESS COLLISION NETWORK, LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	LOVETTE DOBSON					
		Name of Person				
		Firm/Company	<u>. </u>			
	17350 STATE HWY 249) #220				
		Address				
	HOUSTON, TX 77064					
	EFILE1234@INCFILE.CO	City/State and Zip Code OM To be used for future annual report not	dication)			
For further information	concerning this matter, please e	all:				
LOVETTE DOBSON		1 888-462-34	53			
Name	of Person	at ()	ne Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	☐ \$30,00 Fifing 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); enclosed)			
Mailing Addr Registration		Street Address: Registration Se	ction			
Division of Corporations		Division of Cor	Division of Corporations The Centre of Tallahassee			
<u>Mailing Addr</u> Registration	Certificate of Status ess: Section Corporations	Certified Copy tadditional copy is enclosed) Street Address: Registration Se Division of Cor	Certificate of Statu Certified Copy (additional copy) - encl. ction cporations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

Page: 3/ (((H24000414823 3)))
FILED
2024 DEC 23 PM 3: 46
TALLARIVA 1 3: 46

EXPRESS COLLISION NETWORK, 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 04/22/20	24 and assigned
florida document number L24000188342		
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 "Lunited Liabi	Tity Company," the designate	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10365 Sw 187 Street	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	10365 Sw 187 Street	
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33157	
	. 4 4	
B. If amending the registered agent and/or registered office a agent and/or the new register <u>ed office address here</u> :	address on our records	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
 -	Criv	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ve to act in this capac	ity. I fiother agree to comply with
provisions of all statutes relative to the proper and complete		

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 Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Marco Robelly	10365 Sw 187 Street	
		Miami, FL 33157	□Remove
AMBR	Anthony Nouaime	10365 Sw 187 Street	□Add
		Miami, FL 33157	
			■Change
			□Add
			□Remove
			□Change
			TO Change to GAdd
			URemove □Change
			[]Add
			□Remove
			☐ Change

Typed or printed name of signee

Anthony Nouaime