

To:

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2024-07-10 16:37:35 GMT

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From: Tax 2

7/10/24, 11:55 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC.
Account Number : 120190000044
Phone : (407)888-3131
Fax Number : (888)453-0509

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

Email Address: Accountant@taxzonefl.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CUSTOMER COLLISION LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 06 |
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CUSTOME COLLISION 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:

GRITTIAN MARTES

Name of Person

Firm/Company

77 WILIANA ST

Address

ORLANDO, FL 32806

City/State and Zip Code

ACCOUNTANT@TAXZONEFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRITTIAN MARTES

407 3464625

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

FILED

2024 JUL 10 AM 9:1

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CUSTOME COLLISION 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 06/28/2024 and assigned
Florida document number L24000293000.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

77 W ILLIANA ST

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32806

Enter new mailing address, if applicable:

77 W ILLIANA ST

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32806

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

77 W ILLIANA ST

Enter Florida street address

ORLANDO

City

, Florida 32806

Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|-------------------|--|
| AMBR | MARTES, GRITTAN | 77 W ILLIANA ST | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32806 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | Reynaldo Moreno De Beras | 77 W ILLIANA ST | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32806 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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2024 JUL 10 AM 9:14
OFFICE OF THE
TALLAHASSEE, FLORIDA

FILED
2024 JUL 10 AM 9:14
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00