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## **COVER LETTER**

COLLISION LAB CENTRAL FLORIDA 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:	
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:	
VICTOR PAGAN	
Name of Person	
QUALITY FINANCIAL AND TAX SERVICES	
Firm/Company	Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  VICTOR PAGAN  Name of Person  QUALITY FINANCIAL AND TAX SERVICES  Firm/Company  7550 FUTURES DRIVE SUITE 206  Address  ORLANDO, FLORIDA, 32819  City/State and Zip Code qualityfinancialtax@gmail.com  E-mail address; (to be used for future annual report notification)  oncerning this matter, please call:  1407  1407  1407  1407  1509  1500  1600  1600  1700  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800  1800
7550 FUTURES DRIVE SUITE 206	
Address	
ORLANDO, FLORIDA, 32819	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of S (additional copy is enclosed) Certified Copy	tatus &
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

73.5

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COLLISION LAB CENTRAL FLORIDA LLC		:	<u></u>
(Name of the Limited Liability Compa	ny as it now annears on our records )	<del></del>	~-
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	.iability Company)	· •••	ري. دري
		•	<b></b> -,
The Articles of Organization for this Limited Liability Company	were filed on 08/05/2024	and ass	: igned
			-:1
lorida document number L24000343956		•	-1 (.)
			, ,
This amendment is submitted to amend the following:			
	9124.		
A. If amending name, enter the new name of the limited liab	inty company nere:		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company " the designation "I I (" e	or the abbreviation "I	L.C."
The first that the destringuished and contain the north Ellitted David	ing company, the designation time to	umacinumai L.	
Enter new principal offices address, if applicable:			
		<del>_</del>	
Principal office address MUST BE A STREET ADDRESS)			
	-		
Enter new mailing address, if applicable:			
••			
Mailing address MAY BE A POST OFFICE BOX)			
		_	
		£ 41	
3. If amending the registered agent and/or registered office a	address on our records, <u>enter th</u>	<u>ie name or the nev</u>	v regis
gent and/or the new registered office address here:			
N. CN. D. '. 14			
Name of New Registered Agent:			
N 10 ' 100" A 11			
New Registered Office Address:	Enter Florida street address		
	rmer r ioriaa sireet aaaress		
	, Flori	ida	
	City	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 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
MGR	CARLOS DELEON	2779 OLD DIXIE HWY STE A & B	□Add
		KISSIMMEE, FL 34744	≅Remove
			□ Change
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			Remove
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ecord specifies a delayed effective da s filed.	te, but not an effective (	ime, at 12:01 a.m. or	the earlier of: (b)	The 90th day	after the
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