

L24000391769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

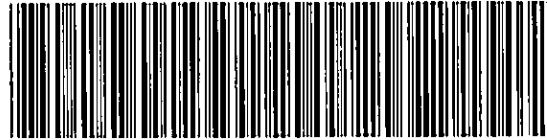
(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ON POINT COLLISION 2 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:

WESLEY ELIGIO DELAROSA

\_\_\_\_\_  
Name of Person

ON POINT COLLISION 2 LLC

\_\_\_\_\_  
Firm/Company

250 NE 25TH ST APT 901

\_\_\_\_\_  
Address

MIAMI FLORIDA 33137

\_\_\_\_\_  
City/State and Zip Code

WESLEYDROSA92@GMAIL.COM

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

For further information concerning this matter, please call:

WESLEY ELIGIO DELAROSA

518

3351549

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**

ON POINT COLLISION 2 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 09-11-2024 and assigned  
Florida document number L24000391769.

This amendment is submitted to amend the following:

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

~~ON POINT COLLISION 2 LLC DBA DONE RIGHT COLLISION~~

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

~~250 NE 25TH ST APT 901~~ 3745 NW 79th st  
~~MIAMI FLORIDA 33137~~ Miami Fl. 33147

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

~~250 NE 25TH ST APT 901~~  
~~miami florida 33137~~

**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:**

WESLEY ELIGIO DELAROSA

**New Registered Office Address:**

~~250 NE 25TH ST APT 901~~

*Enter Florida street address*

MIAMI

*City*

Florida

33137

*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.*

Wesley Eligio Delarosa

**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>
MGR	DANIEL BRITO	3745 NW 79TH ST	<input type="checkbox"/> Add
		MIAMI FL 33147	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HANSY ARIEL OSORTO RODRIGUEZ	3880 NW 171ST	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS FL 33055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated 01-13 , 2025

Wesley Eligio DelaRosa

Signature of a member or authorized representative of a member

Wesley Eligio DelaRosa  
Typed or printed name of:

Typed or printed name of signee