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.

(((H250000054173)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

EVISION COLLISION LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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Help

COVER LETTER

	egistration Sec ivision of Corp			
		OLLISION LLC		
SUBJECT		Name of Limi	ited Liability Company	
The enclos	ed Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn ali correspor	dence concerning this matter	to the following:	
		Mike Town		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
			Address	
		Austin, TX 78717		
			City/State and Zip Code	
		billing@evisioncollision.co		
		E-mail address: (t	o be used for future annual report notif	ication)
For further	information co	ncerning this matter, please ca	all:	
Mike Tow			800 773-0888 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed a	s 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/COURIER ADDRESS:

Registration Section Division of Corporations Clinton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVISION COLLISION LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Compan Florida document number 1.24000476525	y were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Ltal	nility Company," the designation "ELC" of	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	4169 N Dixie Highway, Deerfield Beach, FL 33064		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	1423 Thistle Place, Loxahatchee,	FL 53470 2025	
(Mailing address MAY BE A POST OFFICE BOX)		JA FI	
B. It amending the registered agent and/or registered e registered agent and/or the new registered office address he		enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florio	da	
	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 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>	Name	Address	Type of Action
AMBR	MILAN ALEKSIC	4169 N Dixie Highway, Deerfield Beach, FL 33064	□ Add
			☐ Remove
			🖬 Change
AMBR ROBERT N BAEZ	ROBERT N BAEZ	4169 N Dixie Highway, Deerfield Beach, FL 33064	□ Add
			☐ Remove
			■ Change
			□ Add
			□ Remove
			_□ Change
			_□ Add
		•	☐ Remove
			_□ Change
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			Remove
			_□ Change
			_□ Add
			Remove
			□ Chance

e, ir am	ending any other info	rmation, enter chan	ge(s) nere: (Attach)	additional sheets, if necessar	Ţ.)
					
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(if an el Note:	tive date, if other than fective date is listed, the dat If the date inserted in the nent's effective date on t	e must be specific and can his block does not meet	not be prior to date of fill the applicable statutor	(optional ng or more than 90 days after film ry filing requirements, this date	Pursuant to 605.0207 (3)(b)
	cord specifies a dele 90th day after the		e, but not an effec	tive time, at 12:01 a.m.	on the earlier of:
	January 6	2	025		
Dated		·	•		
Dated		eksic			
Dated		eksic	ber or authorized represe	entative of a member	

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