

L230002159654
Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : MYCOMPANYWORKS, INC.
Account Number : I20230000035
Phone : (702)362-2677
Fax Number : (702)825-2581

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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PVT SHIPPING LLC**

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2023 JUN 15 PM 2:58

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 JUN 15 AM 7:35

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PVT SHIPPING 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 01/20/2023 and assigned
Florida document number L23000022554.

This amendment is submitted to amend the following:

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

IDEAL COLLISION REPAIR LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

<u>Name of New Registered Agent:</u>	<u>Bryan Abadilla</u>	2023 JUN 15 AM 1:35
<u>New Registered Office Address:</u>	<u>7912 Pine Crossings Cir.</u>	
	<i>Enter Florida street address</i>	
	<u>Orlando</u> <u>Florida</u> <u>32807</u>	
	<i>City</i>	<i>Zip Code</i>

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.

/s/ Bryan Abadilla

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	Ryan Goodwin	7912 Pine Crossings Cir., Orlando, FL 32807	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bryan Abadilla	7912 Pine Crossings Cir., Orlando, FL 32807	<input checked="" type="checkbox"/> Add
			<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

