

L100000/0381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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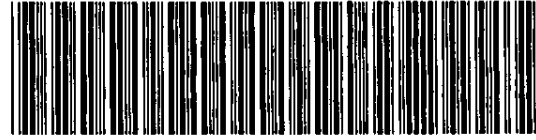
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR - 4 2013  
J. BRYAN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TEAM CAR WARZ, 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:

REBA HARRISON  
Name of Person

TEAM CAR WARZ, LLC  
Firm/Company

1919 BEARDSLEY, DR  
Address

APOKA, FL 32703  
City/State and Zip Code

jydrushk9k9@att.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REBA HARRISON at (407) 884-7421  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TEAM CAR WARZ 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 1/26/10 and assigned  
Florida document number L10000010381

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 end with 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)

1919 BEARDSLEY DR  
APOPKA, FL 32703

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1919 BEARDSLEY DR  
APOPKA, FL 32703

**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:

REBA HARRISON

New Registered Office Address:

1919 BEARDSLEY DR  
Enter Florida street address

APOPKA, Florida 32703  
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 608, 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.

Reba Harrison

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	STEVEN ORZEL	7262 HWY 351 NE	<input type="checkbox"/> Add
		OLD TOWN, FL 32680	<input checked="" type="checkbox"/> Remove
MGRM	CARMEN RUSH	234 FROST CT	<input checked="" type="checkbox"/> Add
		SANFORD, FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHARLES RUSH NEW ADDRESS MGRM.  
234 FROST CT.  
SAN FORD, FL 32771

Dated \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

CHARLES L RUSH

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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