

L11000026126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

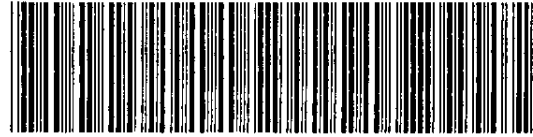
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

~~L11000014040~~

Office Use Only



600196671406

03/10/11--01006--001 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAR 16 PM 4: 22

B Tadlock MAR 16 2011



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 11, 2011

HELIODORO MURCIA  
4955 NW 199 ST #172  
MIAMI GARDENS, FL 33055

SUBJECT: VIP EXECUCAR, LLC  
Ref. Number: W11000014040

We have received your document for VIP EXECUCAR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 911A00006006

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** \_\_\_\_\_  
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:

RECEIVED  
11 MAR 16 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
GEORGE MURCIA  
Name of Person  
\_\_\_\_\_  
VIP EXECUCAR, LLC  
Firm/Company  
\_\_\_\_\_  
4955 NW 199 ST #172  
Address  
\_\_\_\_\_  
MIAMI, FL 33055  
City/State and Zip Code  
\_\_\_\_\_  
MURCIAGE@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
GEORGE MURCIA at ( 786 ) 267-7741  
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

ATT: BRENDA

Thank you for your help

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

VIP EXUCUCAR,LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAR 16 PM 4:42

The Articles of Organization for this Limited Liability Company were filed on 3/2/2011 and assigned  
Florida document number L11000026126

This amendment is submitted to amend the following:

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

VIP EXECUCAR,LLC

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)

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:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_

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.*

If Changing Registered Agent, Signature of New Registered Agent

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>
<u>MGRM</u>	<u>HELIODORO MURCIA</u>	<u>4955 NW 199 ST # 172</u> <u>MIAMI, FL 33055</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>GEORGE H MURCIA</u>	<u>4955 NW 199 ST # 172</u> <u>MIAMI, FL 33055</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>LUZ A GARCIA</u>	<u>4955 NW 199 ST #172</u> <u>MIAMI, FL 33055</u>	<input checked="" type="checkbox"/> Add <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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated MARCH 16, 2011

George Murcia  
Signature of a member or authorized representative of a member

George Murcia  
Typed or printed name of signer