

L14000143378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

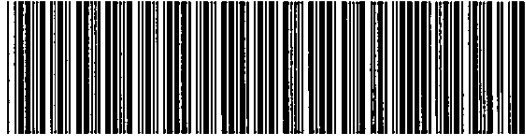
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers APR 22 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE WORLD OF USED CARS 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:

Osbaldo A Chacin Rincon
Name of Person

The World Of Used Cars LLC
Firm/Company

7284 NW 54th St
Address

MIAMI, FL 33166
City/State and Zip Code

Client@PineappleAccounting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Osbaldo A Chacin Rincon at (786) 616-9164
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

The World Of Used Cars 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 09/12/2014 and assigned Florida document number L14000143338.

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:

9950 NW 27th Ave

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33147

Enter new mailing address, if applicable:

9950 NW 27th Ave

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33147

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:

OSBALDO A CHACIN RIVERO

New Registered Office Address:

9950 NW 27th AVE

Enter Florida street address

Miami

City

Florida

33147

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.

Osbaldo Chacin

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Nesio A Sarcos	7284 NW 54 th St	<input type="checkbox"/> Add
		Miami, FL 33166	<input checked="" type="checkbox"/> Remove
MGR	ELBA CAROLINA ZDORZANO	9950 NW 27 th Ave	<input checked="" type="checkbox"/> Add
		Miami, FL 33147	<input type="checkbox"/> Remove
MGR	Osbaldo A Chacin Rincon	7284 NW 54 th St	<input type="checkbox"/> Add
		Miami, FL 33166	<input checked="" type="checkbox"/> Remove
MGR	OSBALDO A CHACIN RINCON	9950 NW 27 th Ave	<input checked="" type="checkbox"/> Add
		Miami, FL 33147	<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.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 04th of April, 2015

Osbaldo Chacin

Signature of a member or authorized representative of a member

Osbaldo A Chacin Rincon

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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