

L05000054389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

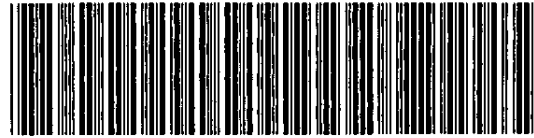
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAR 16 PM 1:54

MAR 20 2017  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Auto Import LLC.  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Louis Garcia  
(Contact Person)

Florida Auto Import LLC  
(Firm/Company)

14214 Graham Hall Way  
(Address)

Orlando FL 32828  
(City/State and Zip Code)

For further information concerning this matter, please call:

Louis Garcia at ( 407 ) 491-2807  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee.

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

Florida Auto Import 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 3-14-17 and assigned  
Florida document number Lo 500 00 54389

This amendment is submitted to amend the following:

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

SAME.

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:**

SAME.

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

14214 THAMHALL way  
Orlando FL 32828

**(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:

Louis Gaucia

New Registered Office Address:

14214 THAMHALL way

Enter Florida street address

Orlando

City

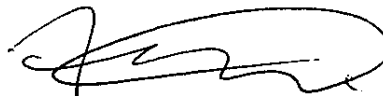
Florida

Florida

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**

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- 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	Louis Garcia	14214 THAMHALL way Dulles 22828	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jose Lopez	14200 THAMHALL way Dulles 22828	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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DIVISION OF CORPORATIONS

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

We are having Mr Jose Lopez Resign  
and putting in Mr Louis Garcia as new  
member. and Register Agent the new address  
for mailing is 14214 Thumhall way ont FL 32828  
The physical address will stay the same that  
is 14201 Thumhall way ont FL 32828

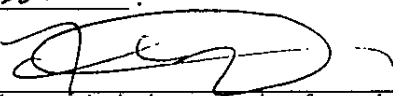
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 3-14-17, 2017

  
Signature of a member or authorized representative of a member

Louis Garcia  
Typed or printed name of signer