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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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S. HAWKES
JUN 2 1 2010
EXAMINER

COVER LETTER

Division of Co			
SUBJECT:	Giral	da Auto, LLC	
	Name of Lim	ited Liability Company	
* ;			
The enclosed Articles o	f Amendment and fec(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter:	r to the following:	
		Joseph A. Porrello	
		Name of Person	
•	Jo	seph A. Porrello, P.A.	V
		Pinn/Company	
		P.O. Box 450249	
	<u> </u>	Address	**************************************
		Miami, FL 33245	
		City/State and Zip Code	1
	E-mail address: (to be used for future annual report notifica	tion)
For further information concerning this matter, please call:			· · · · · · · · · · · · · · · · · · ·
			74.0000
	peh A. Porrello of Person	at (305) 3	74-0092 Telephone Number
		V	
Enclosed is a check for	the following amount:		•
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	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

·Giralda A	Auto, LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)			
			**		
The Articles of Organization for this Limited Liability Compan	y were filed on	<u> March 14, 2007 ⊴</u>	and assigned.		
Florida document numberL07000027724		•			
,					
This amendment is submitted to amend the following:		1			
A. If amending name, enter the new name of the limited lia	hility company hára	,	2		
A. It amending name, enter the new name of the minieu na	binty company nere.				
The new name must be distinguishable and end with the words "Lin	nited Liability Company	y" the designation "I I	C" or the abbreviation		
"L.L.C."	inica Diabinty Compan.	y, the designation El	se of the aboveviation		
Enter new principal offices address, if applicable:	7501 SW 102n	7501 SW 102nd Street			
(Principal office address MUST BE A STREET ADDRESS)	Pinecrest, FL 33156				
Enter new mailing address, if applicable:	7501 SW 102n	d Street			
(Mailing address MAY BE A POST OFFICE BOX)	Pinecrest, FL 33156				
					
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		r records, enter th	e name of the new		
registered agent and/or the new registered office address ne					
Name of New Registered Agent: Pedro G. C	Suirihitev				
	Pedro G. Guiribitey				
New Registered Office Address: 7501 SW 1	7501 SW 102nd Street Enter Florida street address				
	_ _	r rioriaa street adare	· - ·		
	Pinecrest	, Fiorida	33156		
	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 **Address Type of Action** <u>Title</u> <u>Name</u> ☐ Add Remove Remove ☐ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The correct address of Managing Member, Tatiana G. Guiribitey, is 7501 SW 102nd Street, Pinecrest, FL 33156-Signature of a member of authorized representative of a member T/atiana G. Guiribitey Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00