

LD70000085542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

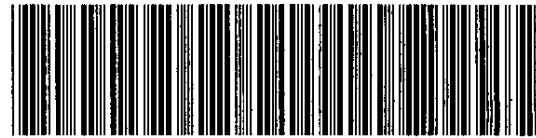
Special Instructions to Filing Officer:

L. SELLERS

AUG 18 2008

EXAMINER

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08/14/08--01020--001 **60.00

FILED
08 AUG 14 AM 8:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PADILLA CARS COLLECTION, 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:

Amy Mahmood
(Name of Person)

(Firm/Company)

1990 N.E. 163 ST. #207
(Address)

N. Miami Beach FL 33162-4854
(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Mahmood at (305) 318-4701
(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**

PADILLA CARS COLLECTION, 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 August 21, 2007 and assigned Florida document number 607000085542

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)

9851 NW 58 ST. #120
DORAL, FL. 33178-2718

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9851 N.W. 58 ST. #120
DORAL, FL. 33178-2718

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)

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08 AUG 14 PM 8:10
TALLAHASSEE
STATE
SECRETARY
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

Title	Name	Address	Type of Action
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MGR	MANUEL ANTONIO PADILLA	9851 N.W. 58 ST # 100 DORAL FL 33178-2718	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGR	VICTOR H. PADILLA	8374 MARKET ST # 249 BRANDERSON, FL 33420	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGR	Pedro Scope	5960 NW 99 Ave # 2 DORAL, FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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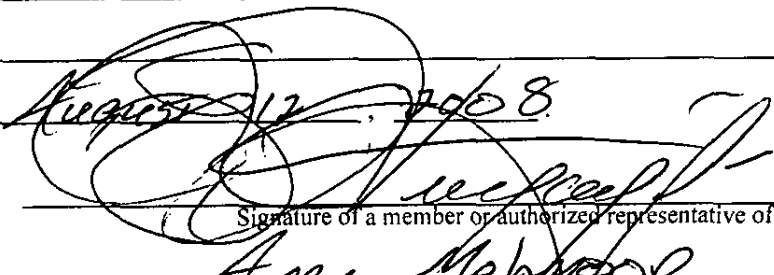
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated


Signature of a member or authorized representative of a member
Amy Mcbride
Typed or printed name of signee

08 AUG 14 AM 8:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED