

**L090000026042**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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09 OCT 23 AM 8:16  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**3. Paid** OCT 27 2009

FLORIDA ANNUAL REPORT SERVICES, INC.

2300 Coral Way, Suite 200

Miami, Florida 33145

Phone (305) 856-0056

Fax (305) 856-2030

October 21, 2009

Sean Toner  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

VIA OVERNIGHT MAIL

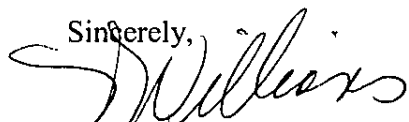
Reference: Exclusive Auto Miami, LLC

Dear Mr. Toner,

Attached please find Articles of Amendment for the above mentioned entity.  
Please note that we are removing Ramon Contreras as a Manager of the company. *effective  
March 17, 2009*

Please file accordingly, and if we can be of any further assistance, please do not  
hesitate to contact us.

Sincerely,

  
Vivian Williams  
Secretary

VW/bm  
Enclosure

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EXCLUSIVE AUTO MIAMI, 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:

VIVIAN WILLIAMS

Name of Person

FLORIDA ANNUAL REPORT SERVICES, INC

Firm/Company

2300 CORAL WAY

Address

MIAMI, FLORIDA 33145

City/State and Zip Code

VIVIAN@CANTERATAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIVIAN WILLIAMS

Name of Person

at ( 305 )

856-0056

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**

**EXCLSUIVE AUTO MIAMI, 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 MARCH 17, 2009 and assigned  
Florida document number L09000026042.

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)**

**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

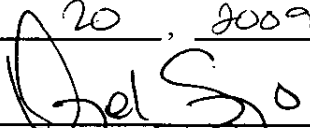
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAMON CONTRERAS	17950 NW 90 PLACE MIAMI LAKES FL 33018	<input type="checkbox"/> Add <input checked="" 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
			<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 October 20, 2009



\_\_\_\_\_  
Signature of a member or authorized representative of a member

ANGEL SUAZO

\_\_\_\_\_  
Typed or printed name of signee