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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECHETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

Best Car 4 You LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Helene Vuillermet

Name of Person

Best Car 4 You LLC

Firm/Company

51 NE 22nd Street

Address

Miami, FL 33137

City/State and Zip Code

hvuillermet@hotmail.com

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

For further information concerning this matter, please call:

Helene Vuillermet

at (305)7120174

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

Best Car 4 You LLC (Name of the Limited ()	Liability Compa Florida Limited I	ny as it now appears on our r Liability Company)	records.)
The Articles of Organization for this Limited I Florida document number L09000052280	iability Company	were filed on May 29, 20	009 and assigned
This amendment is submitted to amend the following	lowing:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A. If amending name, <u>enter the new name c</u>	of the limited liab	oility company here:	SEP -
The new name must be distinguishable and end w. "L.L.C."	th the words "Limi	ited Liability Company," the de	글 글 글 글 글
Enter new principal offices address, if appli-	cable:	51 NE 22nd Street	IAT ORIU
(Principal office address MUST BE A STREE	ET ADDRESS)	Miami, FL 33137	A -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		51 NE 22nd Street Miami FL 33137	
B. If amending the registered agent and registered agent and/or the new registered of			rds, <u>enter the name of the new</u>
Name of New Registered Agent:	Christophe Vuillermet		
New Registered Office Address: 51 NE 22nd Street		d Street	
		Enter Florid	la street address
	Miami		Florida 33137
		City	Zin 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>Address</u> **Type of Action** <u>Title</u> **Name** 5801 SW 35th Street Christophe Vuillermet **MGR** Miami, FL 33155 Remove Helene Vuillermet 5801 SW 35th Street **MGRM** Address changed Miami, FL 33155 Remove Remove -Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if neo			
Dated August 30	2013		
.			
Signature of Helene Vuillermet	f a member of authorized representative of a member		
	Typed or printed name of signee		

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Filing Fee: \$25.00

SECHELARY OF STA