LIO 0000 26445

(Re	questor's Name)	
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PICK-UP	MAIT WAIT	☐ MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2016

ERIC AUMOITTE 1765 NE 145TH ST MIAMI, FL 33181

SUBJECT: BUZZ KILL LLC. Ref. Number: L10000026449

We have received your document for BUZZ KILL LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 116A00007974

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

	Registration Se Division of Cor			
SUBJEC	BUZZ KIL	L, LLC		
SUBJEC	-1.	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		ERIC AUMOITTE		
			Name of Person	
			Firm/Company	
		1765 NE 145TH STREET		
			Address	
		MIAMI, FL 33181		
			City/State and Zip Code	
		corsaimports@aol.com	to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please co	·	incaron,
ERIC AU	UMOITTE		786 999-5186 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for the	ne following amount:		
□ \$25.0	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

BUZZ KILL,LLC.		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number L10000026449	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
CORSA IMPORTS, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7801 NW 7TH STREET UN	IT 516 🚃
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33150	FO 5
		SE & **
Enter new mailing address, if applicable:	PO BOX 600893	
Mailing address MAY BE A POST OFFICE BOX)	NORTH MIAMI BEACH, F	L 33160 🚃 💢
		SA S
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ds, enter the name of th
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street addr	ress
	_	ress F lorida Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
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fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable starting the date inserted in this block does not meet the applicable starting the date inserted in this block does not meet the applicable starting the date of things.	of filing or more than 90 days after filing.) Pursuant to 605.0
ocument's effective date on the Department of State's records.	natory ming requirements, this date win not be instead
e record specifies a delayed effective date, but not an ef The 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier
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ated $\frac{4/26/16}{}$, $\frac{3016}{}$.	

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Typed or printed name of signee

Filing Fee: \$25.00