# 210000034625

| (Re                       | questor's Name)   |                 |
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|                           |                   |                 |
| (City                     | y/State/Zip/Phone | <del>)</del> #) |
|                           |                   | <b>—</b>        |
| ☐ PICK-UP                 | WAIT              | MAIL            |
|                           |                   |                 |
| (Bu:                      | siness Entity Nar | ne)             |
|                           |                   |                 |
| (Do                       | cument Number)    |                 |
|                           |                   |                 |
| Certified Copies          | _ Certificates    | of Status       |
|                           |                   |                 |
| Special Instructions to I | Filing Officer:   |                 |
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## **COVER LETTER**

| Division of C             | Corporations                               |   |                        |                                      |     |
|---------------------------|--|---|------------------------|--------------------------------------|-----|
| SUBJECT:                  | М  | R CAR LLC   |                        |                                      |     |
|                           |  | mited Liability Company                                       |                        | •                                    |     |
|                           |  |   |                        |                                      |     |
| The enclosed Articles     | of Amendment and fee(s) are s              | ubmitted for filing.  |                        |                                      |     |
| Please return all corres  | spondence concerning this matt             | er to the following;  |                        | 7 <u>6</u>                           |     |
|                           |  |   |                        | 2010 DEC 20                          | -17 |
| •                         | ·  | JAIRO VELASQUEZ   |                        |                                      | -   |
|                           | Name of Person                             |   |                        |                                      |     |
|                           | MR CAR LLC                                 |   |                        | AM II: 56<br>COF STATE<br>EE, FLOATE |     |
|                           | Firm/Company                               |   |                        | 7 S                                  |     |
|                           | 2040 TIGERTAIL BLVD UNIT C                 |   |                        |                                      |     |
|                           |  | Address   |                        | -                                    |     |
|                           |  | DANIA,FL 33004  |                        |                                      |     |
|                           | **************************************     | City/State and Zip Code                                       |                        | -                                    |     |
|                           | TAXSER                                     | V@INCOMETAXSERV.  | COM                    |                                      |     |
|                           | E-mail address;                            | (to be used for future annual report                          | notification)          |                                      |     |
| For further information   | concerning this matter, please             | cali:   |                        |                                      |     |
| <del></del>               | O VELASQUEZ                                | at ( 786 )  | 294-5456               |                                      |     |
| Name                      | of Person                                  | Area Code & Day   | ytime Telephone Number | r                                    |     |
|                           |  |   |                        |                                      |     |
| Enclosed is a check for i | the following amount:                      |   |                        |                                      |     |
| \$25.00 Filing Fee        | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclo | osed) Certified        | te of Status &                       | d)  |
|                           |  |   |                        |                                      |     |

### MAILING ADDRESS:

TO:

Registration Section

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

|  | MR CA             |                       |                          |  |
|--|-------------------|-----------------------|--------------------------|--|
| ( <u>Name of the Limited</u><br>(A   | Liability Compa   | ny as it now appears  | on our records.)         |  |
| (A   | Florida Limited I | Liability Company)    | ;                        | F. 2                                   |
| The Articles of Organization for this Limited Li Florida document number L10000034           |                   | were filed on         | 03/30/2010               | ZIII ZIII ZIII ZIII ZIII ZIII ZIII ZII |
| Florida document numberL10000032   |                   |                       | ;                        | \$ 20 F                                |
| This amendment is submitted to amend the follow.  A. If amending name, enter the new name of | •                 | oility company here   | :                        | AM II: 56                              |
| The new name must be distinguishable and end wit "L.L.C."                                    | h the words "Lim  | ited Liability Compar | y," the designation "    | LLC" or the abbreviation               |
| Enter new principal offices address, if applicable:  |                   | 2040 TIGERT           | AIL BLVD UNIT            | C                                      |
| • • •  |                   | DANIA, FL 33          |                          |  |
| (Principal office address MUST BE A STREE  | <u>i Address)</u> | DANIA, I L 33         | 004                      |  |
| Enter new mailing address, if applicable:  |                   | SAME                  |                          |  |
| (Mailing address MAY BE A POST OFFICE  | BOX)              |                       |                          |  |
| B. If amending the registered agent and/oregistered agent and/or the new registered of       | -                 |                       | ır records, <u>enter</u> | the name of the new                    |
| Name of New Registered Agent:  | JAIRO VEL         | ASQUEZ                |                          |  |
| New Registered Office Address:   | IT C              |                       |                          |  |
| Noglicien office Address.  | <del></del>       |                       | er Florida street add    | dress                                  |
|  |                   | DANIA                 | , Florida                | 33004                                  |
|  |                   | 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, thereby confirm that the limited liability company has been notified in writing of this change.

Revisiered Agent, Signature of New Registered Agent

If amending the Manager's 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 = Mana<br>MGRM = Ma | nger<br>naging Member                         |  |                   |
|-------------------------|---|--|-------------------|
| <u>Title</u>            | Name  | Address  | Type of Action    |
| MGR_                    | EUGENIO SANTA BARBAF<br>EUGENIU SANTA BARBARA | 7831 NW 3rd ST APT 27-103<br>PEMBROKE PINES, FL 33024                        | Add<br>Remove<br> |
| MGR_                    | JAIRO VELASQUEZ                               | 2040 TIGERTAIL BLVD UNIT C<br>DANIA, FL 33004                                | Add Remove        |
|                         | <u>,</u>                                      |  | Add<br>Remove     |
| <del></del>             | ·   |  | Add Remove        |
|                         |   |  | Z ARRESOVE TO 2   |
|                         |   | 5.<br>E. C.<br>T.  | Add Definove      |
| D. If amendir           | ng any other information, enter change(s      | s) here: (Attach additional sheets, if necessary))                           | -<br>-            |
|                         |   |  | <del>-</del> .    |
| <br>Dated               | DECENBER 17 , 2010                            | 0  | _                 |
| -                       | JAIR  | r authorized representative of a member  O VELASQUEZ  printed name of signee | ,<br>             |

Page 2 of 2

Filing Fee: \$25.00