<u>L10000058683</u>

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 22, 2016

MOTOR CAR KINGDOM, LLC RENE DIAZ 8258 NW 58TH ST. DORAL, FL 33166

SUBJECT: MOTOR CAR KINGDOM, LLC

Ref. Number: L10000058083

We have received your document for MOTOR CAR KINGDOM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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: 516A00008402

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	;		
SUBJECT: MOTOR CO	ar K	inadom.	
	lante of Limit	ed Liability Company	
	•		
The enclosed Articles of Amendment and fee	(s),are subn	nitted for filing.	
Please return all correspondence concerning	this matter t	o the following:	
	Ren	Name of Person	
MOTOr	Car	Hingdom - Firm Company	·
8258	<u>NW5</u>	Address	
Di	oral	City/State and Zip Code	·
RD@50		o be used for future annu :: eport not	
For further information concerning this matter	er, please ca	U:	
Rene Diaz Name of Person	· · · · · · · · · · · · · · · · · · ·	at (205) 944 - Area Code Daytin	e Telephone Number
Enclosed is a check for the following amount	: -		
\$25.00 Filing Fee S25.00 Filing Certificate o		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
į.	,		,
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	÷	STREET COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations

Tallahasice, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLOTOR CO	n Kincron	. UC	
(Name of the Limited Liab (A Flor	bility Company as it now rida Limited Liability Con	appears on our recompany)	ords.)
The Articles of Organization for this Limited Liability Florida document number L10000 5 & 0 8	Company were filed	on <u>OC</u> O	1 (10 and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited liability comp	any here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company	y," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· -	
(Principal office address MUST BE A STREET AD.	DRESS)		<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			CO 75 11 mg
			<u> </u>
•			ウ ル *2
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ess on our reco	rds, enter the name of the new
Name of New Registered Agent:	WERNER	VOTH	
New Registered Office Address:			
	E)	nter Florida street ada	ress .
		_	Florida
	City	,	Zip Code
New Registered Agent's Signature, if changing Registe	ered 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 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 Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action** <u>Title</u> **Name Address** 8258 NU 5874 S. WERNER VOTH Donal, FL 33166 ☐ Remove □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove

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Effectiv	ve date, if other than the date of filing: (optional)		
Note: 1	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no	nt to 605. t be liste	.0207 (3)(b ed as the
docume	ent's effective date on the Department of State's records.		
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	e earlie	er of:
	90th day after the record is filed.		
Dated _	APRIC 18T 2016		
isace _	A		
	Signature of a member or authorized representative of a member		
	PENE DIAZ		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00