

L10000058083

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6333

From: Account Name : PEREGONZA LAW GROUP, PLLC
Account Number : 120160000078
Phone : (786)650-0202
Fax Number : (786)650-0200

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MOTOR CAR KINGDOM, LLC

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K. SALY

SEP 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOTOR CAR KINGDOM, 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.

JUAN J. PEREZ

Name of Person

PEREGONZA LAW GROUP, PLLC

Firm/Company

1414 NW 107TH AVENUE SUITE #302

Address

DORAL, FLORIDA 33172

City/State and Zip Code

OFFICE@PEREGONZA.COM

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

For further information concerning this matter, please call:

JUAN J. PEREZ

786 650-0202
at ()

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**

MOTOR CAR KINGDOM, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 SEP 20 AM 9:30
CLERK OF CIRCUIT COURT
JALIA HASSLEBACH

The Articles of Organization for this Limited Liability Company were filed on 06/01/2010 and assigned Florida document number L10000058083.

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 contain 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:

PEREGONZA LAW GROUP, PLLC

New Registered Office Address:

1414 NW 107TH AVE SUITE #302

Enter Florida street address

DORAL

City

Florida 33172

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RENE DIAZ PINA	8238 NW 58TH ST	<input type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2017 SEP 20 AM 9:30
AT THE CLERK'S OFFICE
OF THE COUNTY OF DADE
FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
2011 SEP 20 AM 9:31
U.S. DIST. CT. DIST. CT.
ALLIANCE

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

[Dated] SEPTEMBER, 15 2017

Rece. Day-

Signature of a member or authorized representative of a member

Rene Diaz

Typed or printed name of signee