10000041872

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200183348782

200183348782 07/16/10--01008--012 **25.00

T. CLINE

JUL 19 2010

EXAMINE

ECHETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lune cars Transmissions 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:
Luis A. Gómez Name of Person
Lunecars Transmissions LLC Firm/Company
2831 Rodgo Dr. Address
Kissimmee, Fl 34746 City/State and Zip Code
nelida. apnez-arrayo @hotmail. com?
For further information concerning this matter, please call:
Name of Person at 719 761-3618 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status 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

Iransmissions

unecars

(Name of the Limited L.) (A F	iability Compar Iorida Limited L	iv as it now appears iability Company)	on our records.		
The Articles of Organization for this Limited Liab		were filed on	o-June-20	<u>اد</u> and assigr	ıed
This amendment is submitted to amend the follow					
A. If amending name, enter the new name of t	he limited liab	ility company here	:		•
The new name must be distinguishable and end with a "L.L.C."	the words "Limi	ted Liability Compar	y," the designation '	'LLC" or the abb	reviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3406 W	lest Vime	54	
		Kissimmee, FL 341744			
Enter new mailing address, if applicable:	9831 P	odeo Di	TORK TORK	11	
(Mailing address MAY BE A POST OFFICE BOX)		Kissim	mee, FL	SSCALITY SECTION	a landadi.
B. If amending the registered agent and/or	_		ur records, <u>enter</u>	the name of 1	the new
registered agent and/or the new registered offic	ce address here	2:		T.M.	
-Name of New Registered Agent:					
New Registered Office Address:	3406	west V	ine St. Ser Florida street ad	dress	
	Kissim	Mee City	, Florida _	34741	
New Registered Agent's Signature, if changing Re	gistered Agent;	City		Zip [.] Code	

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 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>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Mamil ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove dAddRemove Remove る D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Nélida Arroyo -Kissimmee, Fl 0,06 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00