

L100000108310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

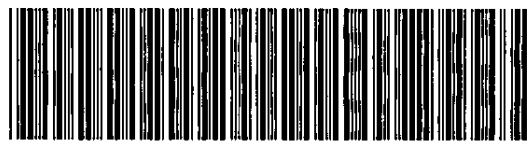
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900258380969

04/09/14--01013--001 **25.00

FILED
2014 APR 23 AM 11:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 24 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2014

ALLAN KOLTUN, CPA
ALLAN KOLTUN, CPA, PA
1717 N BAYSHORE DRIVE
MIAMI, FL 33132

SUBJECT: AMERICAN EXCLUSIVE CARS LLC
Ref. Number: L10000103310

We have received your document for AMERICAN EXCLUSIVE CARS 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 effective date must be specific and cannot be prior to the date of filing.

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

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 714A00007867

FILED
2014 APR 23 AM 11:39
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERICAN EXCLUSIVE CARS 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:

ALLAN KOLTUN, CPA

Name of Person

ALLAN KOLTUN, CPA, PA

Firm/Company

1717 N BAYSHORE DRIVE

Address

MIAMI FLORIDA 33132

City/State and Zip Code

AKOLTUN@BELLSOUTH.NET

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

For further information concerning this matter, please call:

ALLAN KOLTUN

Name of Person

at **305 519-5901**

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

RECEIVED
TALLAHASSEE, FLORIDA

2014 APR 23 AM 11:39

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AMERICAN EXCLUSIVE CARS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/04/2010 and assigned
Florida document number L10000103310.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AEC1, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1717 N BAYSHORE DRIVE STE 116

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FLORIDA 33132

Enter new mailing address, if applicable:

1717 N BAYSHORE DRIVE STE 116

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FLORIDA 33132

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:

ALLAN KOLTUN, CPA

New Registered Office Address:

1717 N BAYSHORE DRIVE STE 116

Enter Florida street address

MIAMI

City

Florida 33132

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 2014 APR 23 AM 11:39
 SECRETARY OF STATE
 PALM BEACH, FLORIDA

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

E. Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 8, 2014

Signature of a member or authorized representative of a member

LAURENT MAUBERT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 APR 23 AM 11:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA