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10/6/2011

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## **COVER LETTER**

τo:	<b>Registration Section</b>
	Division of Corporation

SUBJECT:

ALLURE AUTO SALES L.L.C.

Name of Limited Lizbility Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIAN ARANGO

Name of Person

ALLURE AUTO SALES L.L.C.

Firm/Company

10773 NW 58 ST APT 517 Address

**DORAL, FL 33178** 

City/State and Zip Code

JUARANGO22@HOTMAIL.COM

at í

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

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For further information concerning this matter, please call:

JULIAN ARANGO

Name of Person

6) 83"-1190 Area Code & Daytims Teisphone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Certificate of Status

S55.00 Filing Fee & Cortified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahussec. FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Lizbility Company were filed or	m02/25/2011and assigned					
Florida document number <u>L11000023898</u>						
This amendment is submitted to amend the following:	:					
A. If amonding name, enter the new name of the limited liability compar	a <u>v here</u> :					
The new name must be distinguishable and end with the words "Limited Liability C "L.L.C."	Company." he designation "LLC" or the abbreviat					
Enter new principal offices address, if applicable:						
Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:						
Mailing address MAX BE A POST OFFICE BOX						
	······································					
3. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, <u>enter the name of the n</u>					
Natue of New Registered Agent:						
Nature of New Registered Agent:						
	Enter Forida street address					
New Registered Office Address:	Florida					
	Enter Fiorida street address , Flotida Zip Code					

thereby 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 marely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.



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If amonding the Managers or Managing Mombers 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

Title	Name	Address	Type of Action
MGT	GLORIA J TENORIO	11344 NW 72 LN DORAL FL 33178	Add Remove 
			Add Remove
			Add Remove
. <u></u>			Add Remove
			Add Remove

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

-		
-		
Dated		
	OCTOBER 3 2011	
	OCTOBER 3 2011	
	Signature of a member or authorized representative of a member	
	JULIAN ARANGO Typed or printed name of signee	
	Page 2 of 2	
	Filing Fee: \$25.00	

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