

L11000026126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

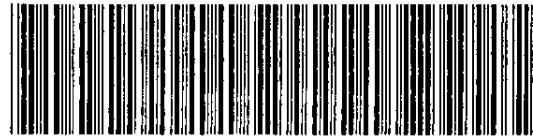
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~L11000014040~~

Office Use Only



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03/10/11--01006--001 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 16 PM 4:22

B Tadlock MAR 16 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2011

HELIODORO MURCIA
4955 NW 199 ST #172
MIAMI GARDENS, FL 33055

SUBJECT: VIP EXECUCAR, LLC
Ref. Number: W11000014040

We have received your document for VIP EXECUCAR, 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):

Our records show no entity by this name.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 911A00006006

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: _____
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:

RECEIVED
11 MAR 16 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GEORGE MURCIA

Name of Person

VIP EXECUCAR, LLC

Firm/Company

4955 NW 199 ST #172

Address

MIAMI, FL 33055

City/State and Zip Code

MURCIAGE@AOL.COM

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

For further information concerning this matter, please call:

GEORGE MURCIA

Name of Person

at (786)

267-7741

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

ATT: BRENDA

Thank you for your help

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

VIP EXUCUCAR, 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 3/2/2011 and assigned
Florida document number L11000026126.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 16 PM 4:42

This amendment is submitted to amend the following:

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

VIP EXECUCAR, 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:

(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:

New Registered Office Address:

Enter Florida street address

Florida

City

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 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
<u>MGRM</u>	<u>HELIODORO MURCIA</u>	<u>4955 NW 199 ST # 172</u> <u>MIAMI, FL 33055</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>GEORGE H MURCIA</u>	<u>4955 NW 199 ST # 172</u> <u>MIAMI, FL 33055</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>LUZ A GARCIA</u>	<u>4955 NW 199 ST #172</u> <u>MIAMI, FL 33055</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated MARCH 16, 2011

George Murcia

Signature of a member or authorized representative of a member

George Murcia

Typed or printed name of signer