L11000031013

(Re	equestor's Name)	
(Ad	ldress)	
: (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SCCRETARY OF STATE TALLAHASSEE FLORIDA

2018 JAN 29 PH 3: 2

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D. BRUCE

COVER LETTER

TQ:

Registration Section **Division of Corporations**

3MS LUXURY AUTO SERVICES 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:

	MICHAEL CLARK		
	Name of Person		
	4786 W. COMMERCIAL BLVD		
	Firm/Compuny		
	Address		
	TAMARAC, FL 33319	2018 SE	
	City/State and Zip Code	2013 JAN 29 SECRETARY TALLAHASSE	
•	E-mail address: (to be used for future annual report notification)	29 48Y 88E	
For further information con-	cerning this matter, please call:		
HNHAW (at 954 19.0836 Area Code & Daytime Telephone Number	3: 29 STATE LORIDA	
/	/ Sen Cool & Dayume 1 creptione fourther	<i>x</i>	
Enclosed is a check for the f	ollowing amount:		

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fec & 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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT ŢO ARTICLES OF ORGANIZATION **OF**

3MS LUXURY AUTO SERVICES LLC

(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia		
·		
The Articles of Organization for this Limited Liability Company w	rere filed on 03/14/11	_ and assigned
Florida document number L11000031013	•	
		×
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liabili	ty company here:	
3C'S LUXURY AUTO SERVICES LLC	•	
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Company," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable:		1
(Principal office address MUST BE A STREET ADDRESS)	4 +86. W. Como	<u>NEKICAH</u> BI
	TAMARAC VIM	. 33319
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX))AME	About
•	F	30 TO 13
B. If amending the registered agent and/or registered office	e address on our records, enter the	
registered agent and/or the new registered office address here:		22 access
		?? ?
Name of New Registered Agent:	HENCH CARK	S P
New Registered Office Address:	786. W. COMMERCIA	Le States
	Enter Florida street addres	F 29
) pmarac		33319
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree	to act infthis capacity. I further agree	to comply with
accept the obligations of my position as registered accept as pre-	te persormance of my duties, and I am	jamiliar with and his document is
the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as pre- being filed to merely reflect a change in the registered office de	direks, I hereby confirm that the limite	ed liability
company has been notified in writing of this change.		-
If Changi	ng Registered Agent, Signature of New Regist	ered Agent

Page Vor 3

·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>	Address	Type of Action
			Add
		<u> </u>	Remove
	(Remove
			Remove
			Remove
			Remove

. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 .	
ited	
_	
	Signature of a member or authorized representative of a member
_	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILED
2018 JAN 29 PH 3: 29
SECRETARY OF STATE