

L110000096993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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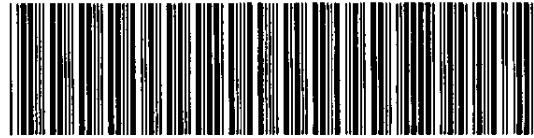
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. SAULSBERG
EXAMINER

FEB 22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTOMOTIVE COUNSELING COALITION, 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:

JOSE MORELL

Name of Person

Firm/Company

850 NW 123 CT

Address

MIAMI FL 33125

City/State and Zip Code

JOSE@RIDEADVISORS.COM

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

For further information concerning this matter, please call:

ELI PANELL

Name of Person

at (305) 513-8606

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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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

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

AUTOMOTIVE COUNSELING COALITION, 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 AUGUST 24, 2011 and assigned
Florida document number L11000096993.

This amendment is submitted to amend the following:

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

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)

850 NW 123 CT

MIAMI FL 33125

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

850 NW 123 CT

MIAMI FL 33125

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TALLAHASSEE, FLORIDA

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:

JOSE MORELL

New Registered Office Address:

850 NW 123 CT

Enter Florida street address

MIAMI

City

Florida 33125

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

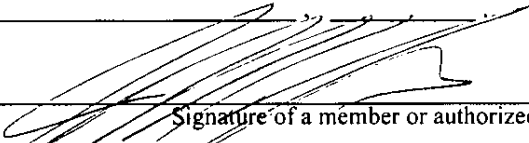
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ELIEZER PANELL	7950 NW 53RD STREET	<input type="checkbox"/> Add
		SUITE 221	<input checked="" type="checkbox"/> Remove
		DORAL FL 33166	
MGRM	GUILLERMO BRITO	7950 NW 53RD STREET	<input type="checkbox"/> Add
		SUITE 221	<input checked="" type="checkbox"/> Remove
		DORAL FL 33166	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member
JOSE MORELL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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