41 000 144032

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(4-1), 5-1-1-1-1-1
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SUBJECT	`` <u></u>	Name of Lim	ited Liability Company	
erst l	1431 6	A 1 - 15 / N 1	to the ent	
		Amendment and fee(s) are sub	-	
Please retu	ım all correspo	ndence concerning this matter	to the following:	
			LUIS E. TORRES	
			Name of Person	
		PRO ACCOUNTING AN	D FINANCIAL SOLUTIONS IN	IC
			Firm/Company	
			1915 NE 45TH STREET SUITE	101
			Address	<u> </u>
		1	FORT LAUDERDALE FL 3330	8
			City/State and Zip Code FORT LAUDERDALE FL 3330	8
		E-mail address: (to be used for future annual report no	tification)
For further	r information e	oncerning this matter, please co	all:	
LUIS E. TORRES			954 667-0673	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy i.: enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Jenter Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	O)F
OARCAR AUTO I	LLC	
(Name of the Limite	ed Liability Compa (A Florida Limited I	or were filed on 12/26/2011 and assigned
e Articles of Organization for this Limited Li	iability Company	were filed on 12/26/2011 and assigned
rida document number L11000144032		·
s amendment is submitted to amend the follo	owing:	
	•	sility company horo:
If amending name, enter the new name of	the limited had	unty company nere:
e new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
tter new principal offices address, if applicable:		540 NORTH STATE ROAD 434
Principal office address MUST BE A STREET ADDRESS)		SUITE 22
The state of the s	7,100,112007	ALTAMONTE SPRINGS FL 32714
ter new mailing address, if applicable:		P.O. BOX 772552
lailing address MAY BE A POST OFFICE BOX)		
		ORLANDO FL 32877

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.

Cirv

f Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANIL ORLANDO V	540 NORTH STATE ROAD 434	
			
		SUITE 22	
			Remove
		ALTAMONTE SPRINGS FL 32714	E at
		32717	Change
			Remove
			Change
			□ Change
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ncd MAY 23		2019	······································	•••		
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Filing Fee: \$25.00.