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Office Use Only

B. KOHR

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EXAMINER



300239347783

09/10/12--01019--014 **25.00



COVER LETTER

TO: Registration Division of C	Section orporations		
SUBJECT:	The Classi	c Car Garage LLC	
		ited Liability Company	
		,	
The enclosed Articles	of Amendment and fee(s) are sui	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
		Emilio Lopez	- Segg
		Name of Person	PASE ON BE CHEROLISM
		Firm/Company	THE CONTRACTOR OF THE CONTRACT
	1	5301 SW 144th Stree	ِ فِن <u>t</u>
		Address	
		Miami, FI 33196	
		City/State and Zip Code	
•	Cł E-mail address: (nad_767@yahoo.com to be used for future annual rep	ort notification)
For further information	n concerning this matter, please of	call:	
	Emilio Lopez	at (305)	613-4007
Name	e of Person	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 e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi: Divis	ILING ADDRESS: stration Section sion of Corporations Box 6327	Registration	Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The	Classic Car Garage LL	C		
(<u>Name of the Limited I</u> (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)		
(in the Elimina Blacking Company,		4	
The Articles of Organization for this Limited Lia	bility Company were filed on	2/14/2012	and assigned	
Florida document number L120000214	407			
	-			
This amendment is submitted to amend the follow	wing:			
	_			
A. If amending name, enter the new name of	the limited liability company he	re:	J9	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "Ll	LC" or the abbreviation	
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	(ADDRESS)			
		•		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	30X)			
				
B. If amending the registered agent and/o		our records, enter th	e name of the new	
registered agent and/or the new registered off	ice address here:			
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Er	nter Florida street addr	ess	
	, Florida			
	City	, i toi tua	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>	Address	Type of Action
MGRM	CSK Living Trust	13500 SW 134th Ave, Unit 4	Add [7] Remove
		Miami, Fl. 33186	V Remove
MGR	Lopez, Emilio Jr	13500 SW 134th Ave, Unit 4 Miami, Fl	☐ Add ☐ Remove
MGRM	Lopez, Emilio Jr	13500 SW 134th Ave, Unit 4 Miami, FL 33186	
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, e	enter change(s) here: (Attach additional sheets, if necessar	y.)
Dated	September 7		
	Signature	of a member or authorized representative of a member	
		Emilio Lopez	
	=	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00