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SECRETARY OF STATE ALLAHASSEE, FLORIDA

C. LEWIS

APR 1 0 2013

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

LAST CAR 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:

CARLOS E LASSO

Name of Person

LAST CAR LLC

Firm/Company

2347 CEDAR GARDEN DR

Address

ORLANDO, FL 32824

City/State and Zip Code

LASSCAR16@YAHOO.COM

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

For further information concerning this matter, please call:

CARLOS E LASSO

321 437-8721

Name 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 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 ARTICLES OF ORGANIZATION **OF**

FILED

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LAST CAR LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our recently ASSEE, FLORIDA (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on MARCH 5, 2012 and	assigned
Florida document number L12000031040		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
LASSCAR LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or t	he abbreviation
Enter new principal offices address, if applicable:	11257 S ORANGE BLOSSOM	ΓŔ
(Principal office address MUST BE A STREET ADDRESS)	SUITE 205	
	ORLANDO, FL 32837	

Enter new mailing address, if applicable:	2347 CEDAR GARDEN DR	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32824	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ie of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	<u>-</u> .
	City Zip C	Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> Address Type of Action Remove Remove Remove Remove

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	SECRETARY OF STATE TALLAHASSEE, FLORIDA
APRIL 5, (a) 2013	
Kunt/-	
Signature of a member or authorized representati	ve of a member
CARLOS E LASSO	

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Filing Fee: \$25.00