

L12000042827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 OCT '13 PM 4:13
2013 OCT -7 AM 6:30
TALLAHASSEE, FLORIDA

B. BOSTICK
OCT - 8 2013
EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LatinCarz LLC

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

2013 OCT -7 AM 6:30
SECURITY DEPARTMENT
TALLAHASSEE FLORIDA

Signature _____

Requested by: Seth _____
Name _____ Date 10/07/13 _____ Time _____
Walk-In _____ Will Pick Up _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LATINCARZ 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 3/27/12 and assigned
Florida document number L12 000042827

FILED
TALLAHASSEE, FLORIDA
MAR 27 2012
13:00:17 AM 6:30

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Graciela Villamayor

New Registered Office Address:

92 SW 3rd Street, #2401

Enter Florida street address

Miami

City

Florida

33130

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.

Graciela Villamayor
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:

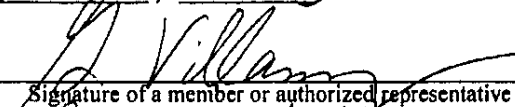
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DANIEL LOREDO	444 Bridell Ave	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		Suite 51-821 Miami FL 33131	
MGRM	GRACIELA VILLAMAYOR	92 SW 3rd Street	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		#2401 Miami FL 33130	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

STATE OF FLORIDA
TALLAHASSEE
3 OCT - 7
11 AM
0

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

Dated Sept 30th 2013



Signature of a member or authorized representative of a member

Graciela Villamayor

Typed or printed name of signee

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Page 3 of 3

Filing Fee: \$25.00

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