L12000095583

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C. LEWIS

AUG 2 0 2012

EXAMINER

COVER LETTER

Division of Co		•	• •		
SUBJECT: Super Autoservicio LLC					
octobect.		ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Rene Diaz Toledo				
Name of Person					
		Super Autoservicio			
Firm/Company					
8258 NW 58th Street					
Address					
	Do	oral, Florida, US 33166			
		City/State and Zip Code			
	F. mail address: (iazrenep@gmail.com to be used for future annual report notifi	cation)		
		•	Cation)		
For further information	concerning this matter, please of	cau:			
Re	ene Diaz Pina	at (_ 786)	3009998		
Name	of Person	Area Code & Daytime	e 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)		
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 AUG 17 PM 12: 44

	Supe	r Autoservicio LLC	SEURE 1	DARY OF STATE <u>*ecue</u> riorina
(<u>Nai</u>	ne of the Limited Liabili (A Florida	r Autoservicio LLC ty Company as it now appea a Limited Liability Company)	rs on our records.)' 11	adodayii doni o a
The Articles of Organization for	or this Limited Liability	Company were filed on	07/24/2012	and assigned
Florida document number	L12000095583	<u></u> .		
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the lin	nited liability company he	<u>re</u> :	
The new name must be distingui "L.L.C."	shable and end with the w	ords "Limited Liability Comp	any," the designation "l	LLC" or the abbreviation
Enter new principal offices a	ddress, if applicable:			
(Principal office address MUS	ST BE A STREET ADL	DRESS)		
Enter new mailing address, i	f applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)			
B. If amending the registered agent and/or the r	0		our records, <u>enter</u>	the name of the new
Name of New Regist	ered Agent:			
New Registered Offi	ce Address:		en 1 1	y
		Enter Florida street address		
		City	, Florida	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, <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>	<u>Address</u>	Type of Action
MGRM	Rene Diaz Pina	8258 NW 58th Street Doral, FL, 33166	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			□D
			AddRemove
D. If amend	ling any other information	on, enter change(s) here: (Attach additional sheets, if	necessary.)
			12 AUG
Dated	August 13	, 2012	FILED G 17 PM 12: 44 HARK OF STATE HILLARY SEE, FLORD
	Signa	ture of a member or authorized representative of a member	
		Rene Diaz Toledo Typed or printed name of signee	
		ryped or printed name or signee	

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Filing Fee: \$25.00