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# COVER LETTER \*

TO: Registration Section Division of Corporation					
SUBJECT:	EXPRESS CAS	ed Liability Company			
	Name of Emile	ed Flatinity Company			
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	JUAN C.	ALEMAN Name of Person			
	JC Expre	Firm/Company	E LLC		
	12406 NW	10th CL.	·····		
	Coral Sp	mas, FL. 330	71		
-	ger, Connec	Address  Address	on)		
For further information conc				•••	t is ten
JUAN ALE	MAN	at (305) 613.464 Area Code & Daytime Tel	14	<u> </u>	<u> </u>
Name of Pe	rison	Area Code & Daytime Tel	lephone Number		1
Enclosed is a check for the f	<u> </u>			1 4	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate Certified C (additional	of Status opy	

### 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 TO ARTICLES OF ORGANIZATION OF

JC EVALES	CAR S	ERVICE	ILC.		
(Name of the Limited	<b>Liability Company</b> Florida Limited Lia	as it now appears of bility Company)	on our records.)		
The Articles of Organization for this Limited Li Florida document number 120000		vere filed on	1/01/2012	and assign	ıed
This amendment is submitted to amend the following	wing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
The new name must be distinguishable and end with "L.L.C."	n the words "Limite	d Liability Company	," the designation "	LLC" or the abb	reviation
Enter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREE	T ADDRESS)				
		· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:		<u></u>		37 C	•
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>			titi s on	
				-*1 **	
B. If amending the registered agent and/or registered agent and/or the new registered of			records, <u>enter</u>	the name of t	he new
Name of New Registered Agent:		.10	- /		<del></del>
New Registered Office Address:	12406	NW 10th	CE.		· · · · · · · · · · · · · · · · · · ·
	0.0<	Enter	Florida street add	dress 33071	
	Corar _	Eity 0	, 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 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 = Mana MGRM = Ma	nger nnaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gonzalez, Lisbelle G.	SSO Coral Ridge do #101	Add
	0 0	SSO Coral Ridge do #101 Coral Springs. FL. 33071	Remove
		<del></del>	_
	···		Add
	·		Remove
			_
			_ Add
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			-
			Add
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		<del></del>	-
			Add
			Remove

	•	
Coral Springs,	Feb. 13, 2013.	
, ,	Ma <i>naco</i>	
Š,	Senature of a member or authorized representative of a member  ALEMAN	
( )	Al = 1/21)	

Page 3 of 3

Filing Fee: \$25.00