L12000116569

(Re	questor's Name)				
(Address)					
(Ad	dress)	 			
(Cit	y/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Name)				
(Document Number)					
Certified Copies	_ Certificates of	Status			
Special Instructions to Filing Officer:					
SEP 1 9 2012					
S. TONER					

Office Use Only



500239617615

09/18/12--01007--013 **25.00

COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJE	CT:	CARM	IOTORS LLC		
		Name of Limi	ted Liability Company		
The enc	losed Articles of Ar	mendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspond	lence concerning this matter	to the following:		
С			ARMONA, FABIAN N	<i>(</i> 1	
			Name of Person		
			CARMOTORS LLC		
			Firm/Company		
			1104 COPLEY CT		
			Address		
ВОУ			NTON BEACH FL 33	436	
			City/State and Zip Code		
		MC.CA E-mail address: (RMOTORS@GMAIL to be used for future annual rep	.COM	<u>n) </u>
For furt	her information con	cerning this matter, please c	•		,
	CARMO	NA, MONICA A	at (561)	246	-2295
Name of Person			Daytime Tele	ephone Number	
Enclose	d 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	enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:		STREET/0	COURIER A	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 SEP 18 AH 10: 00

	CARMOTORS LLC		SECRETARY OF CO
(Name of the	Limited Liability Company as it now appea (A Florida Limited Liability Company)	ers on our records.)	SECRETARY OF ST TALLAMASSEE, FLO
The Articles of Organization for this Li	mited Liability Company were filed on	09/12/2012	and assigned
Florida document numberL120	000116569		
This amendment is submitted to amend	the following:		
A. If amending name, enter the new	name of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and "L.L.C."	d end with the words "Limited Liability Comp	pany," the designation '	'LLC" or the abbreviation
Enter new principal offices address, i	f applicable:		
(Principal office address MUST BE A			
Enter new mailing address, if applica	ble:		
(Mailing address MAY BE A POST O	FFICE BOX)		•
B. If amending the registered ages registered agent and/or the new regis	nt and/or registered office address on tered office address here:	our records, enter	the name of the new
Name of New Registered Age	nt:		
New Registered Office Addre		nter Florida street aa	drass
	£.		
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** Name Address Type of Action MGRM CARMONA, FABIAN M 1104 COPLEY CT **BOYNTON BEACH FL 33436** Remove MGRM CARMONA, MONICA A 1104 COPLEY CT Add Remove **BOYNTON BEACH FL 33436** MGR CARMONA, JORGE I 2801 NE 183 STREET #112W AVENTURA FL 33160 Remove ∏ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Sodinter Dated Signature of a member or authorized representative of a member MONICA A CARMONA

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00