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## **COVER LETTER**

TO: Registration Se Division of Con			
MOTOR	CARS HOLAND HOLDI	NGS, LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Erik Day		
		Name of Person	
		Firm/Company	
	20860 N.W. 2nd Ave	nue 🚽	
		Address	
	Miami, FL 33169		
		City/State and Zip Code	
	eday@warrenhenryau		
	E-mail address: (to	be used for future annual report notifi	cation)
For further information of	concerning this matter, please cal	li:	
Erik Day		305 690-6073	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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:

TO:

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

## MOTORCARS HOLAND HOLDINGS, 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 November 15, 2012 and assigned Florida document number L12000144615
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  Motorcars Holdings, LLC  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "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:
New Registered Office Address:  Enter Florida street address  Florida
City Cip Colle  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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			□ Add
			□ Remove
			_
		- <u> </u>	Remove
			_
			Add
			□ Remove
			□ Remove

amending any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.
ctive date, if other than the date of filing: flective date must be specific, cannot be prior to date of ate this document is filed by the Electida Department o	of receipt or filed date and cannot be more than 90 days after of State)
4/14/	2015
Signature of a mer	mber or authorized representative of a member
(	yped or printed name of signee

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Filing Fee: \$25.00

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