Division of Corporations Electronic Filing Cover Sheet

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(((H13000103393 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARINAS & ASSOCIATES INC.

Account Number : I20000000082

Phone : (305)871-0889

Fax Number

: (305)870-9623

\*\*Enter the email address for this business entity to be used for future on annual report mailings. Enter only one email address please. \*\*

Email	Address.	:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R & R AUTO SPORT CARS LLC

Certificate of Status Certified Copy Page Count 04 Estimated Charge \$30.00

MAY - 8 2013 T CLINE

Electronic Filing Menu

Corporate Filing Menu

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## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJ	ECT:	R & R AUTO	SPORT CARS LLC	
			Ited Liability Company	<del></del> _
The en	iclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
	YANELLE M BARINAS			
			Name of Person	
		BARIN/	AS AND ASSOCIATES INC.	
			Firm/Company	
			5701 NW 36 ST	25 013 
			Address	HMAY -7
			MIAMI, FL 33166	
			City/State and Zip Code	
		BA	RINASB@GMAIL.COM to be used for future annual report notificati	위로 🜳
For fu	rther information	concerning this matter, please	·	m) 10A
		LLE M BARINAS	44 (	1-0889
	Name o	of Person	Area Code & Daytime Te	lephane Number
Enclos	sed is a check for t	the following amount:		
<b>□</b> \$23	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314			STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R & R AUT	O SPORT CARS	LLC			
(Name of the Limited Liability (A Florida L	Company as it now appearmited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Co	ompany were filed on	03/18/2013	and a	ssigned	
Florida document numberL13000040735	_·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company he	re:			
The new name must be distinguishable and end with the worn "L.L.C,"	ds "Limited Liability Comp	eany," the designation "I	LC" or th	e abbrev	iation
Enter new principal offices address, if applicable:			<del>)-</del> 1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	<u></u>	
(Principal office address MUST BE A STREET ADDR	ESS)		53	212	—
,			35 ST		·····
•			357	.7	1-1-1-1
Enter new mailing address, if applicable:				<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	
			Ξm	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on ress here:	our records, enter t	be_name	of the	new
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida	70.00		
	City		Zip Co	ode	

New Registered Agent's Signature, if changing Hegistered 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	<u>Address</u>	Type of Action
MGRM	ROBERTO PRADAS	9737 NW 41ST ST SUITE 771 DORAL EL 33178	☐ Add Remove
			Add Remove
			Add Ramove
			Add Remove
			Add? Remove
			Add Remove
D. If amend	ing any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	·
			_ _
			- <u>-</u>
Dated	x Signature of a mamb	per or authorized representative of a member	
		DBERTO ONORATO	
	Турс	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00