L130000901-73

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SECRETARY OF STATE
TALLAHASSEE FLOORE,

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Registration Section
Division of Corporations

JOHNNIES CARS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PANAGIOTIS FRANGISKAKIS

Name of Person

JOHNNIES CARS

Firm/Company

4845 45TH STREET

Address

VERO BEACH, FL 32967

City/State and Zip Code

TONYCPA@CASCIO.US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TONY CASCIO

772_{at (}772₎283-2392

Name of Person

Area Code & Daytime 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)

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

FILED 2013 JUL - 1 PH 12: 36 SECRETARY OF STATE FALLAHASSEE, FLORIDA

JOHI	NNIES CARS LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now Florida Limited Liability Com	appears on our records.) ipany)
The Articles of Organization for this Limited L	iability Company were filed of	on JUNE 24, 2013 and assigned
Florida document number <u>L13000090173</u>	 ,	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability compa	any here:
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability	Company," the designation "LLC" or the abbreviatio
Enter new principal offices address, if applic	rable:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/ registered agent and/or the new registered of	•	ss on our records, enter the name of the nev
Name of New Registered Agent:	TONY CASCIO CPA	1
New Registered Office Address:	20 SW 5TH STREET	Т
		Enter Florida street address
	STUART	, Florida <u>34994</u>
	City	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

Page 1 of 3

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

<u>Title</u>	Name	Address	Type of Action
MGRM	FRANGISKAKIS PANAGIOTIS	4745 LUCERNE LAKES BVLD #205	Add
		LAKE WORTH, FL 33467	Remove
		4745 1105 D. 15 A. 15 D. 17 D. 15 O. 15	-
MGRM ———	PANAGIOTIS FRANGISKAKIS	4745 LUCERNE LAKES BLVD E-205	Add
		LAKE WORTH, FL 33467	Remove
	·		_
			Add
			Remove
	·		
	·		Add
•			Remove
			Add
			Remove
	·		Add
	:		Remove

D. If amending any other inform	nation, enter change(s) here: (Attach additional sheets, i	f necessary.)
		.
Dated JUNE 27	2013	
S	ignature of a member or authorized representative of a member	<u> </u>
	FRANGISKAKIS	
	Typed or printed name of signee	

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Filing Fee: \$25.00

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