

L130000 90441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2015 OCT 27 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. Gulligan OCT 28 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CATCAR SERVICESLLC

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:

CARLOS RINALDI

Name of Person

CATCAR SERVICESLLC

Firm/Company

8333NW68th ST

Address

Miami FL 33166

City/State and Zip Code

rinaldiarias@gmail.com

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

For further information concerning this matter, please call:

Carlos Rinaldi

305 3001124
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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
2015 OCT 27 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CATCAR SERVICES 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 MIAMI, FLORIDA and assigned Florida document number L13000090441.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 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 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

In amending Authorized persons) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
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MGR	CARLOS RINALDI		☐ Add
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		8333NW 68th ST Miami FL 33166	☒ Remove
--	--	-------------------------------	--

			☐ Change
--	--	--	---------------------------------

MGR	CATERINA RINALDI	8333NW 68th ST Miami FL 33166	☒ Add
-----	------------------	-------------------------------	---

			☐ Remove
--	--	--	---------------------------------

			☐ Change
--	--	--	---------------------------------

MGR	VERONICA GONZALEZ		☐ Add
-----	-------------------	--	------------------------------

		8333NW 68th ST Miami FL 33166	☒ Remove
--	--	-------------------------------	--

			☐ Change
--	--	--	---------------------------------

			☐ Add
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			☐ Remove
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			☐ Change
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			☐ Add
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			☐ Remove
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			☐ Change
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			☐ Add
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			☐ Remove
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			☐ Change
--	--	--	---------------------------------

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 09/30/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 09/30/15, _____

~~Carol G. Rinaldi~~

Signature of a member or authorized representative of a member

CARLOS G RINACON

Typed or printed name of signee