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(Re	questor's Name)	·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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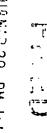


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R. WHITE





COVER LETTER

Division of Col			
SUBJECT:	Floris	4 Rebilt LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Souge of Person	٤.
		Florida Rebi	It Luc
	9495	NW 27 ave-	
	Mian	City/State and Zip Code	
	E-mail address: (o Dmy a yahoo ce	fication)
For further information of	concerning this matter, please ea	all:	
Joseph Name o	of Person	at (305) 457- Area Code Daytime	87女り e 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 tadditional 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

Clori	.du D. L. 1 \2019 H	1/12 ROL PH 1: 40
•	iability Company as it now appears on or lorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L\3</u> e∞(2 6630		
Florida document number L 1300012 6630	<u> </u>	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
Miani DMV	LLC	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		
B. If amending the registered agent and/or a	rogistored office address on our	records anter the name of the new
registered agent and/or the new registered office		records, emer the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	vet 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		☐ Remove	
		Change	
		Remove	
			Change
			Add
			□ Remove
			Change
		Add	
			□ Remove
		☐ Change	
		Add	
		☐ Remove	
			□ Remove
			☐ Change

•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	March 17 . 299
	A A
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of clause

Page 3 of 3

Filing Fee: \$25.00