L1400009687/

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L14-96871 Amend



OCT -1 2015 N. CAUSSEAUX

COVER LETTER

. :

Division o	of Corporations	
SUPE SUBJECT:	ER CAR MIAMI LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are submitted for filing.	
Please return all cor	rrespondence concerning this matter to the following:	
	LUIS R. SMITH	
	Name of Person	
	JESSEL INVESTMENTS LLC	. •
	Firm/Company	
	11402 NW 41ST STREET SUITE 211	
	Address	
	DORAL, FL 33178	
	City/State and Zip Code	
	LM.JESSEL@GMAIL.COM	
	E-mail address: (to be used for future annual report notification)	
For further informa	ation concerning this matter, please call:	
LUIS R. SMITH	305 4702429	
N	at () Name of Person Area Code Daytime Telephone Number	
Enclosed is a check	k for the following amount:	
■ \$25.00 Filing F	Fee Salono Filing Fee & Sa	of Status & Opy

MAILING ADDRESS:

TO:

Registration Section ,

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

SUPER CAR MIAMI LLC	Liability Company as it now appears on our records	
(Aume of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L14000096871	oility Company were filed on 06/17/2014	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ae limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET .	ADDRESS)	SECREP
	· · · · · · · · · · · · · · · · · · ·	五門 つ ***********************************
Enter new mailing address, if applicable:		S T
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	F.F. STATE
		<u>Dm</u> –
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, ent ce address here:	er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street address		
	, Florida	
	Ciţv	Zip Code
New Registered Agent's Signature, if changing Reg	zistered 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
MGR	CARLOS CARRIZO	10518 NW 27TH AVE	■ Add
		MIAMI, FL 33147	Remove
			Change
			Add
			☐ Remove
			Change SE
			SEE ARY OF STAFF
		→ □ Add	
			Remove
		Change	
		☐ Remove	
		□ Change	
		□ Add	
		Remove	
			☐ Change

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	Om -
E. Effective date, if other than the date of filing:	(optional)
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirer document's effective date on the Department of State's records.	0 days after filing.) Pursuant to 605.0207 (3)(b ments, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at (b) The 90th day after the record is filed.	12:01 a.m. on the earlier of:
Dated September, 21 2015	,
(Signature of a member or authorized representative of a mem	L

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00