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(Re	equestor's Name)	
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2014 SEP 10 AM ID: 25

K. SALY EXAMINER SEP 18 2014

COVER LETTER

TO: Registration Se Division of Co			
EXCLU	ISIVE CONDO CAR	MAINTAINERS LLC	
SUBJECT:	Name of Lim	ited Liability Company	· ···············
	Amendment and fee(s) are sub	-	•
Please return all correspondence	ondence concerning this matter	to the following:	
	George Ama	arante	
		Name of Person	***
	EXCLUSIVE CO	NDO CAR MAINTAINE	RS LLC
		Firm/Company	
	4392 SW 12	26TH AVE.	
		Address	
	MIRAMAR,	FL 33027	
		City/State and Zip Code	
	_	DOCARMAINTAINERS to be used for future annual report notified	
For further information	concerning this matter, please c	•	,
			776
<u></u>	of Person	at ()	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 (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
МАЛ	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2014 SEP 10 AM 10: 25
ALLAHASSEE FLORIS

EXCLUSIVE CONDO CAR MAINTAINERS 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 Liabili Florida document number L14000129733	ty Company were filed on AUGUST 19, 2014 and assigned
This amendment is submitted to amend the following	g;
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and end with the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>
(Principal office address MUST BE A STREET A)	DDRESS)
	,
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	Q
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter the name of the new address here:
New Registered Office Address:	
	Enter Florida street address
_	, Florida
_	City Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent;
provisions of all statutes relative to the proper as accept the obligations of my position as registered	tent and agree to act in this capacity. I further agree to comply with the nd complete performance of my duties, and I am familiar with and ed agent as provided for in Chapter 605, F.S. Or, if this document is stered office address, I hereby confirm that the limited liability nge.
	If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> **Name** <u>Address</u> 4392 SW 126TH AVE. MGR **GEORGE AMARANTE** Add MIRAMAR, FL 33027 ☐ Remove □ Add ☐ Remove ☐ Remove □ Add ☐ Remove □ Add □ Remove

If amending any other information, enter change(s) here: (Attach additional s	sneets, if necessary.)
	······································
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Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be most the date this document is filed by the Florida Department of State)	(optional) re than 90 days after
Dated SEPTEMBER 8 2014	
Sto	
Signature of a member or authorized representative of a r	member
GEORGE AMARANTE	

Page 3 of 3

Filing Fee: \$25.00