L14000 175147

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





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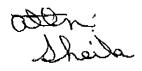
SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

	CU	VERLETIER	
TO:	Registration Section		
	Division of Corporations	•	
or m	Milos Ca	rs LLC	
SUBJ		nited Liability Company	» »
Dear!	Sir or Madam:		
	· ·		
) - .		atting.	
Please	e return all correspondence concerning this matter	to the following:	
	Camilo Alzate		
	: Name of Person		
	Milos Cass		15 FALL
	Firm/Company		書 歪
١	13495. Orange Bloss	am TCAIL	AUG L
	()(1). Orrege bloss		
	k 1.3.a.=		PH 1:
	Orlando St 328	3+	1:51
	City/State and Zip Code	•	
1	MilosCars and trucks	egnail.com	
	E-mail address: (to be used for future annual repo	ort notification)	
For fi	urther information concerning this matter, please	call:	
\cap	-/ 11 60	1- 100 1605	
1 6	anila Hoate att	407, 683-4283	
	Name of Person	Area Code & Daytime Telephone Number	-
	= STREET/COURIER ADDRESS:	MAILING ADDRESS:	
· · · · ·	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
t ·	Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
	Tallahassee, Florida 32301	i dilaliassee, i lottua 32314	
	12 N		
	Enclosed is a check for the following amoun	t:	
	☐ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
	5 1_7015
The Articles of Organization for this Limited Liability Company w	ere filed on and assigned
Florida document number <u>LIGOOD 135147</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	<i>l</i>
Enter new principal offices address, if applicable:	11349 S. Ocange Blosson Trace.
(Principal office address MUST BE A STREET ADDRESS)	Driando FL SUSSI
	198
	C RE
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	P mys
To Ye was also as the large and a second as the second as	in address on our records onton the name of the name
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, enter the name by the new
	1. 11 201105
Name of New Registered Agent:	OWIN A. PLEGES
7758	Michigan Ave 713
New Registered Office Address:	Enter Florida street address
16155	5 (Mnee Florida 34799
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

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

Title	Name (/ O	Address	Type of Action
5-10-16	Edwin H Reyes	2758 Michigan Ave #3 KISSIMMER FL 34744	ta(Add
Mgh	•	KISSIMMER FL 34744	Remove
		,	Change
<u> </u>			D Add
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Effect	ive date, if other than the date of filing:(optional)		
(If an eff Note:	fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sent's effective date on the Department of State's records.	o 605.0207 (e listed as tl	3)(b) 3 c
accun			
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	arlier of:	
	8-9 12016		
Dated			
Dated			
Dated	Signature of a member or authorized representative of a member	_	

Page 3 of 3

Filing Fee: \$25.00