

L15000002892

## Florida Department of State

Division of Corporations  
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Fax Number : (850) 617-6383

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SUPER CAR MIAMI FINANCING LLC**

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Page Count	04
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*12. pay  
2/20/15*



February 18, 2015

FLORIDA DEPARTMENT OF STATE  
Division of CorporationsSUPER CAR MIAMI FINANCING LLC  
10518 NW 27TH AVE  
MIAMI, FL 33147SUBJECT: SUPER CAR MIAMI FINANCING LLC  
REF: L15000002882

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L07000108018.

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Tim Burch  
Regulatory Specialist IIFAX Aud. #: H15000041252  
Letter Number: 715A00003360RECEIVED  
15 FEB 20 AM 10:00  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

*Call Lyle v/memo  
2/18/15  
Memo to Memo  
2/19/15*

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SUPER CAR MIAMI FINANCING LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 01/06/2015

Florida document number L15000002882

This amendment is submitted to amend the following:

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

MIAMI PC FINANCING LLC

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

Enter new principal offices address, if applicable:

11402 NW 41ST STREET SUITE 211 # 515

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33178

Enter new mailing address, if applicable:

11402 NW 41ST STREET SUITE 211 # 515

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33178

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

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JENNY GOMEZ	10518 NW 27TH AVE	<input type="checkbox"/> Add
		MIAMI, FL 33147	<input checked="" type="checkbox"/> Remove
MGR	JORGE L. PACHECO	11402 NW 41ST STREET	<input checked="" type="checkbox"/> Add
		SUITE 211 # 515	<input type="checkbox"/> Remove
		DORAL, FL 33178	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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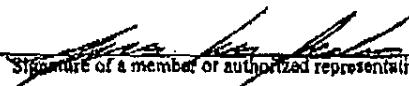
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 20, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Jorge L. Pacheco  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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