L1500003473

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special instructions to Filing Officer:	
	j

Office Use Only



400275166464

97/27/15--01016--002 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED



COVER LETTER

Division of Co	rporations ,			
SUBJECT: RED	LINE IMPORT	IS LUXURY LIM	E CARSILC	•
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Luc	an baluero	le	
		Name of Person		
				
		Firm/Company	i	
	345 €	Sample Road	人	
		Address		
	Durhield	Beach FL 3	3306年8 景	
		City/State and Zip Code	ARE JUL	1 1
	LUCIA NO D	VALVE RICE/GMA to be used for future annual report notif	LL. WARE N	F
For further information	concerning this matter, please ca	•	ECH D	
)	i A A	all:		
Lucio	Caherell	at (954) 54	4 694	
Name o	of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for t	the 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 Stat Certified Copy (additional copy is end	

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

TO ARTICLES OF ORGANIZATION OF

REDLINE IMPORTS	LUXULY LINE CARS LLC y as it now appears on our records.) ability Company)
(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1500003473</u> .	were filed on Olo7/15 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile FLORIDA MERCHANDIZE The new name must be distinguishable and contain the words "Limited Liability".	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SUITE OI POMPANO BEACH FL 33073
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	645 E SAMPLE ROAD POMPANO BEACH 33064
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	AR JE
New Registered Office Address:	Enter Florida street address 99
	City — , Flond — U 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 paccept the obligations of my position as registered agent as publication being filed to merely reflect a change in the registered office of 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
	human)
If Change	the Registered Agent, Signature of New Registered Agent

Page 1 of 3

$\underline{\text{or removed from our records}};$

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SULIO CESAR LIPORONI	5097 SW 35th TEARNACE	_ Æ (Add
		FORT LAUDENDALE FL33312	□ Remove
			Change
AMBR	SULMAR GARGALHONE	5097 Sw 35th TERRACE	X Add
		FORT LAUDERDALE FL 33312	☐ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
		SECRETARY OF STATE TALLIAHASSEE, FLURIDA	□ Remove□ Change
		FLORIDA 33	_CAdd
		> ω	□ Remove
			□ Change
			□ Add
			_□ Remove
			_□ Change

•								<u> </u>
		t						
	·							
								
				-				
								
							2	
						SECRETARY OF STATE	2015	
						を対		
						SER	2	m
						E.S.	7	Ö
				.	·	9 S S		-
						Dm D	ũ	
	•							
						· · · · · · · · · · · · · · · · · · ·		
664:			£11			/ 		
an effect	tive date is listed, the	than the date of e date must be specif	fic and cannot be	prior to date of fil	ing or more than 9	0 days after filing	g.) Pursua	nt to 605.020
		in this block does on the Departmen			ory filing require	ments, this date	e will no	t be fisted a
		delayed effecti		t not an effe	ctive time, at	: 12:01 a.m.	on the	e earlier o
ine 90	oth day after	the record is f	iiea.					
	lel.	23 RD	20	15				
ntod		<u> </u>		1.2.				
ated	7			_	//)		•
ated	70		Mall	lecc				
ated	70	Signature	of a member or	authorized repres	entative of a mem	ber		

Page 3 of 3

Filing Fee: \$25.00