L15000010008

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co			
	ENDER CARE LLC		
SUBJECT:	Name of Lim	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GIACOMO PORRINO		
		Name of Person	
	No. 2	Firm/Company	
	12602 PINES BLVD		
		Address	
	PEMBROKE PINES, FL 3		
		City/State and Zip Code	
	giacomop1113@gmail.com E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca		ì
GIACOMO PORRINO)	954 436-1771 at ()	Telephone Number CSC Mis son
Name	of Person	Area Code Dayum	Telephone Number USE MILES
Enclosed is a check for	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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

AUTO TENDER CARE LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	my were filed on 01/16/2015	and assigned
florida document number L15000010008		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS,)	DI V.S.
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		~ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
3. If amending the registered agent and/or registered registered agent and/or the new registered office address by Name of New Registered Agent: New Registered Office Address:	<u>nere</u> :	enter the name of the
	Enter Florida street address	
	Flori	da
	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

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	MARIN, SERGIO	2544 SW 119TH TERRACE	
		MIRAMAR, FL 33025	■ Remove
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ffective date, if other than th	o data of Slings		(optional)	
an effective date is listed, the date m lote: If the date inserted in this ocument's effective date on the	ust be specific and cannot be prior block does not meet the applications.		0 days after filing.) Pursuan	
e record specifies a delaye The 90th day after the re		t an effective time, at	12:01 a.m. on the	earlier
ated	2018	. —		
 				
	Signature of a member or author	rized representative of a mem	her	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00