UPUU34710

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SECRETARY OF STAIR
TALL AHASSEE FLOSION

MAR 01 2016 S. YOUNG

COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	PREMIU	IM CARS OF MIAMI, LL	_C	
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ROSE M LOVERA -	MENDOZA	16 FEB 29
			Name of Person	E
		PREMIUM CARS O	F MIAMI, LLC	
			Firm/Company	무 무
	,	290 NW 27 AVENU	E	<i>က</i> က
			Address	
		MIAMI, FLORIDA 33	3125	
			City/State and Zip Code	
		sales@premiumcars		
			to be used for future annual report noti	fication)
For further in	nformation c	oncerning this matter, please co	all:	
ROSE M	LOVERA	- MENDOZA	954 440-9017	•
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	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)
	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIUM CARS OF MIAMI, LLC

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

The Assistance Commission for this United Visit	Lille Comme	FEBRUA	RY 25.2015		
The Articles of Organization for this Limited Lia Florida document number L15000034770	ompany	were filed on 1 22.10.		_ and assigned	•
Florida document number	 •				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	ility company here:			
N/A					
The new name must be distinguishable and end with the we	ords "Limited Lial	oility Company," the designation	on "LLC" or the abbi	reviation "L.L.C."	
Enter new principal offices address, if applical	ble:	290 NW 27 AVEN	JE		
(Principal office address MUST BE A STREET	ADDRESS)	MIAMI, FLORIDA	33125	161	71. 1938
•				<u> </u>	스
				29	95
Enter new mailing address, if applicable:		290 NW 27 AVENI	JE	P	्ते द
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	MIAMI, FLORIDA	33125	ဟ္	ن : <u>:.</u> چورو
				<u>2</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi Name of New Registered Agent:			ecords, enter th	e name of th	e new
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·			
		Enter Florida street	address		
		00	, Florida	Zip Code	
New Registered Agent's Signature, if changing Re		City		Zip Code	
				_	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company that has been not the company that has bear has been not the company that has been not the company that ha	r and complete ered agent as _l gistered office	performance of my duti provided for in Chapter	es, and I am fan 605, F.S. Or, if i	iiliar with and this document	l
	If Cha	nging Registered Agent, <u>Sign</u>	ature of New Regist	tered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	REYNALDO A. BRITO	290 NW 27 AVENUE	■ Add
		MIAMI, FLORIDA 33125	Remove
	·		□ Add
			Remove TALLAND TALLAND
			Add PH
			Remove 5
			Add
			□ Remove
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			Add
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N/A			
			·
			_
			
			_
fective date, if other than the	date of filing:	(optional)	
e effective date must be specific, cann	ot be prior to date of receipt or filed date and ca	annot be more than 90 days after	
e date this document is filed by the Flo	orida Department of State)		
ADDII 15	orida Department of State) 2015		
ated APRIL 15	orida Department of State) 2015		
•	orida Department of State) 2015		
ed APRIL 15	2015		
ted APRIL 15	2015 Signature of a member or authorized represer	ntative of a member	
APRIL 15	Signature of a member or authorized represer	ntative of a member	16 FC0
APRIL 15	Signature of a member or authorized represer	ntative of a member	16 FEB 29
APRIL 15	Signature of a member or authorized represer	ntative of a member	

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