

LIS 0000 34816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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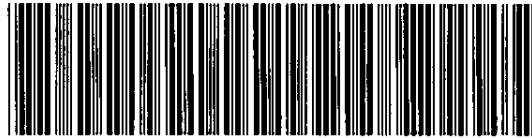
(Business Entity Name)

(Document Number)

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2015 AUG 31 PM 12:37  
RECEIVED  
DEPARTMENT OF  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 AUG 31 AM 11:44  
TO ACKNOWLEDGE  
SUFFICIENT FILING

N. Ouligan AUG 31 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUNIXX AUTO SALES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICARDO LESLIE

\_\_\_\_\_  
Name of Person

LUNIXX AUTO SALES LLC

\_\_\_\_\_  
Firm/Company

5151 S ORANGE BLOSSOM TRAIL UNIT A

\_\_\_\_\_  
Address

ORLANDO FLORIDA 32839

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICARDO LESLIE

786 449-5732  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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

FILED

2015 AUG 31 PM 12:37

LUNIXX AUTO SALES LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

The Articles of Organization for this Limited Liability Company were filed on 02/25/2015 and assigned  
Florida document number L15000034816.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

RICARDO LESLIE

New Registered Office Address:

5151 S ORANGE BLOSSOM TRAIL UNIT A

Enter Florida street address

ORLANDO

City

Florida 32839

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>	<u>Address</u>	<u>Type of Action</u>
MGR	RICARDO LESLIE	5151 S ORANGE BLOSSOM TR <sup>A</sup>	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32839	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PILAR VAZQUEZ	5151 S ORANGE BLOSSOM TR <sup>A</sup>	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32839	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	PAULO LYRA JUNIOR SR.	1019 PALM COVE DR	<input type="checkbox"/> Add
		ORLANDO FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2015 AUG 31 PM 12:30  
SECRETARY OF THE  
TREASURY

10-10-68

2015 AUG 31 PM 12:37

**E. Effective date, if other than the date of filing:** August 28, 2015 (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 28 2015

Signature of a member or authorized representative of a member

RICARDO LESLIE

Typed or printed name of signee