

L1500037427  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : TINTOS INTERNATIONAL LLC  
Account Number : I20150000068  
Phone : (407)731-4498  
Fax Number : (407)982-7123

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

Email Address: SUSTAXES@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BEST MOTORS OF FLORIDA LLC

Certificate of Status	1
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APR 10 2016  
2. BRUCE

**FAX COVER SHEET**

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	TINTOS INT'L LLC
DATE	2016-04-08 03:41:24 GMT
RE	SIXARMSAMENDMENT

**COVER MESSAGE**

\* Carolina Habash (EA)\*  
\* Tintos International LLC\*  
\* Accounting Corporate Services Inc\*

\* DBA: Infinity Accounting Services Orlando  
Office: 13574 Village Park Drive Suite 135 -Orlando FL 32837\*

\* Kissimmee Office: 1631 E Vine Street Suite I - Kissimmee -FL 34744\*  
\* Tel - DIRECT NUMBER (407) 731-4498 \*  
\* (321) 436- 9471- (407) 610-7110\*  
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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST MOTORS OF FLORIDA LLC

(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 \_\_\_\_\_ and assigned  
Florida document number L15000037427.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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.

PH

If Changing Registered Agent, Signature of New Registered Agent

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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	CAROLINA HABASH	1863 W. Taft Vineland Rd	<input checked="" type="checkbox"/> Add
		Orlando FL 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CAROLINA HABASH	1863 W. Taft Vineland Rd	<input checked="" type="checkbox"/> Add
		Orlando, FL 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHEL PLAZA	1863 W. Taft Vineland Rd	<input type="checkbox"/> Add
		Orlando, FL 32837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GRUPO ENTRE AUTOS 305 CA	NRO 2 BLAS REDOMA SA	<input type="checkbox"/> Add
		SAN ANT DE LOS ALTOS VZ	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 7TH DAY OF APRIL

2016

Signature of a member or authorized representative of a member

MICHEL PLAZA

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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