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TALLATISSEE FLOREN

JUN 1 9 2015

S. YOUNG

FO:	Registration Section Division of Corporations	
SUBJE	ECT: C.R. Autos	· .
	Name of Limited Liability Company	
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.	
	e return all correspondence concerning this matter to the following:	
icasc	-	
	Christopher G. He Name of Person C.R. Autos Firm/Company	nea
	Name of Person	
	C.R. Autos	
	Firm/Company	
	2800 NE 7th Ave	
	Address	
	Pompuno Reach FL 30 City/State and Zip Code Chrisheren a dynate E-mail address: (to be used for future annual report n	८०६५
	City/State and Zip Code	, autos. cam = -
	E-mail address: (to be used for future annual report n	(tification)
For fur	urther information concerning this matter, please call:	. A
	Christopher Herrera at (954) 641	
***	Name of Person Area Code Days	ime Telephone Number
Enclose	sed is a check for the following amount:	
\$25	25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

COVER LETTER.

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

TO ARTICLES OF ORGANIZATION OF

\mathcal{C}	ik. Av	tos			
(Nam	ne of the Limited (A	Liability Compa Florida Limited L	ny as it now appear iability Company)	rs on our records.	
The Articles of Organization for the Florida document number	is Limited Liab	oility Company 59524	were filed on	4/3/2	and assigned
This amendment is submitted to an	nend the follow	ing:			
A. If amending name, enter the	new name of the	he limited liabi	lity company h	e <u>re</u> :	
The new name must be distinguishable an	d contain the wor	ds "Limited Liabili	ity Company," the d	lesignation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices addre	ess, if applicab	ole:			
(Principal office address MUST B	E A STREET	ADDRESS)			≥िं ज
					当 宣 四
Faton now weiting address if one	uliaskla.				255 - 8 L
Enter new mailing address, if app	•	OV)			
(Mailing address MAY BE A POS	1 OFFICE BU	<u>),,</u>			
B. If amending the registered registered agent and/or the new registered agent and/or the new registered	registered offic			our records,	enter the name of the new
New Registered Office Address:		·	Enter Flor	rida street address	
				. Flor	ida
			City	, F (OI	Zip Code
New Registered Agent's Signature,	if changing Re	gistered Agent:			
I hereby accept the appointment provisions of all statutes relative accept the obligations of my posi being filed to merely reflect a cha company has been notified in wr	to the proper ition as registe ange in the re	and complete ered agent as p gistered office	performance of provided for in (^r my duties, and Chapter 605, F	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Christopher G. Rojas-Herrera	2800 NE 7th tue	🖼 Add
	Rojas - Herrera	2800 NE 7th the Pompare Beach FL 3.	3064 Remove
			Change
			Add
			Remove
			Change
			🗖 Add
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(If an effe <u>Note:</u>	we date, if other than the date of filing:	
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest 90 th day after the record is filed.	r of:
Dated _	6/15/15	
	Marie 1	ָר <u>ו</u>
	Signature of a member or authorized resentative of a member	======================================
	CN 12 tolon OKINON DELION	,
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00