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(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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10/28/15--01025--020 **25.00

2015 OCT 28 P D: 13
SECRETARY OF STATE
AND ANASSEE, FLORIDA

OCT 29 2015

COVER LETTER.

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

OrlANDO M	1A612	Auto	Sales	L	4	
(Name of the Limited Li (A F	iability Company lorida Limited Lia	as it now appear bility Company)	s on our records.)		
The Articles of Organization for this Limited Liabili	ity Company w	ere filed on	4/28/1	<u>'</u>	and as	ssigned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	limited liabili	ty company he	<u>re</u> :			
METROPOLITAN E	XPRES	5 544	KTTLE	LL		
The new name must be distinguishable and contain the words	"Limited Liability	Company," the de	esignation "LLC"	or the abb	reviation "I	L.C."
Enter new principal offices address, if applicable	::	<u></u>				
(Principal office address MUST BE A STREET A	DDRESS)			TALL	2015	
				CRE	8	<u>" [] </u>
				ASS	7 2	
Enter new mailing address, if applicable:				rnes. rn	~	TI
(Mailing address MAY BE A POST OFFICE BOX	X)			TT ()	<u>U</u>	D
				33	 (:)	
]tr-	w	
B. If amending the registered agent and/or registered agent and/or the new registered office	•	ce address on	our records,	enter t	he name	of the nev
Name of New Registered Agent:						
	• • •					
New Registered Office Address:		Enter Flor	ida street address			
		Billet 1 lot				
_	·	City	, Flor	rida	Zip Code	,
New Registered Agent's Signature, if changing Regis	stered Agents	City			inp cour	
new Registered Agent's Signature, it changing Regis	SICI CU APEUL					

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	l address o	f each person	being	added
or removed from our records:							

MGR =	Manager	•
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address		Type of Action
				🗆 Add
				□ Remove
				☐ Change
				D Add
				☐ Remove
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			2015 OCT 28 P 12: 13 SECRETARY OF STATE TALLA HASSEE, FLORIDA	
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to 605.0
ument's effective date on the Department of State's records.	y ming requirements, this date will not be listed
record specifies a delayed effective date, but not an effec he 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
ed October 26 , 2015	
	entative of a member

Page 3 of 3

Filing Fee: \$25.00