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SECRETARY OF STATE

SECRETARY OF STAIL DIVISION OF CORPORATION

JUN 2 3 2015

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COVER LETTER

TO:	Registration Section Division of Corporations
	*

SUBJECT: FLORIDA EXPOCALS LUC

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:

PEDIO EUAS RANGEL
Name of Person
FLORINA EXPORANSLIC
Firm/Company
3355 BRIDE PHHALANE
Address
WESTON FLORICA 33331
City/State and Zip Code
LEDEORANGELOUVE, COM.
E-mail address: (to be used for future annual report notification)
oncerning this matter please call:

For further information concerning this matter, please call:

PENO

Name of Person

(954) 859 44 77

at BUG BETTER

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 (2)
(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

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed Lability 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 Florida document number <u>L/5000</u> 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 "LLC." 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: New Registered Office Address: Enter Florida street address Florida

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.

City

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:

	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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NEW LOOSHON AS FOLLOWS INCUDING MY MAKING	ADLES
FLORISA EXPOCARS LCC	
TLORISA EXPOCARS LCC 3625 DEMBROKE HOLLYWOOD FLA 33021	
SUITE C-1 NEW Phone No 954.859.4477	
MAILLING ADJESS	
FLORIZA EXPOCARS LLC	
3355 BRIDLE PATHLANE	
WESTON FLORIDA 33331	÷
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E. Effective date, if other than the date of filing:	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o (b) The 90th day after the record is filed.	of:
Dated 06/17/2015	SFCRE
Ly Zui COUNER DE 22 SE	YARY C
Signatule of a member or authorized representative of a member	OK SIV
· Fedro Elias Hangel 智 6 4	

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

Page 3 of 3

Filing Fee: \$25.00