

L15000172818

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(Address)

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(City/State/Zip/Phone #)

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APR 04 2017

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WORLD CLASS 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:

JAINARINE MAHARAJ

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

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

5420 NW 76TH OKACE

\_\_\_\_\_  
Address

COCONUT CREEK, FL 33073

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

JOHN@WORLDCLASSAUTOSALES.NET

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

For further information concerning this matter, please call:

JAINARINE MAHARAJ

954

850-9640

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

WORLD CLASS AUTO SALES 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 10/09/2015 and assigned  
Florida document number L15000172828.

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:

New Registered Office Address:

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.*

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	JAINARINE MAHARAJ	5420 NW 76TH PLACE	<input type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	JAINARINE MAHARAJ	5420 NW 76TH PLACE	<input type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ASHA M. PATEL	5420 NW 76TH PLACE	<input checked="" type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ASHA M. PATEL	5420 NW 76TH PLACE	<input checked="" type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

APPROVED  
APR 3 2011  
COMMUNITY DEVELOPMENT  
DEPARTMENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

**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.

Dated MARCH 30, 2017

Mahoney

Signature of a member or authorized representative of a member

JAINARINE MAHARAJ

Typed or printed name of signee