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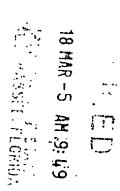
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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CULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2018

MANUEL RUBINSZTEIN 5421 EDGEWATER DR ORLANDO, FL 32810

SUBJECT: CAR'S TRADE CENTER, LLC

Ref. Number: L15000174928

We have received your document for CAR'S TRADE CENTER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 918A00003292

RECEIVED

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Semin Y Dulke

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CAR'S TRADE	CENTER. LUC
Nam	e 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:
	Nual Rubin SZTein Name of Person
	S TRAPL UNTER, LLL Firm/Company
5421 E	DEPENATOR DE
<u>Olumo</u>	o FU 377)0 City/State and Zip Code
	-
	RESILLENT OF FLO GANGIL (OF discretion)
For further information concerning this matter, p	
MANUAL RUBINGZTEIN Name of Person	at (40) (60) 5703 Area Code Dayrine Telephone Number
Enclosed is a check for the following amount:	
图 \$25.00 Filing Fee □ \$30.00 Filing Fee Certificate of St	& \$55.00 Filing Fee & \$60.00 Filing Fee, atus Curtified Copy Certificate of Status & Certificate 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

	RASE CENTER, LCC					
(Name of the Lin	mited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
The Articles of Organization for this Limited Florida document number 1500017						
This amendment is submitted to amend the fo	ollowing:					
· l						
A. If amending name, enter the new name	of the limited liability company here:					
The new name must be distinguishable and contain the	e words "Limited Liability Company" the decimation "LLC" or the abbreviation "LLC"					
Enter new principal offices address, if appl						
(Principal office address MUST BE A STRE	ZET ADDRESS)					
Enter new mailing address, if applicable:	•					
<u> </u>	ed Liability Company with the wappears on our records. (A Florida Limited Liability Company) ability Company were filed on 10/14/29/L and assigned 15.28. Dowing: The limited Liability Company here: ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." able: TADDRESS) BOX) Enter Florida street address Enter Florida street address City Zip Code Legistered Agent: de agent and agree to act in this capacity. I further agree to comply with the ear and complete performance of my duttes, and I am familiar with and street agent as provided for in Chapter 605, F.S. Or, if this document is egistered affice address, I hereby confirm that the limited liability					
(Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>					
B. If amending the registered agent an	d/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						
registered agent and/or the new registered of Name of New Registered Agent:	,,,,,,,,,,,,,					
New Registered August's Signature if changing	,,					
provisions of all statutes relative to the pro accept the obligations of my position as res	oper and complete performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S. Or, if this document is e registered office address, I hereby confirm that the limited liability					

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amendin	g Authorized Person(s) authorized to manag	ge, enter the title, name, and address of eac	ch person being added		
MGR = N AMBR = /	Ляпадст Authorized Member				
Title	<u>Name</u>	Address	Type of Action		
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(If an offed <u>Note:</u> I	re date, if other than the date of crive date is listed, the date must be spe if the date inserted in this block do not's effective date on the Departm	ciñe and es not n	d can meet	the applies	able statu	filing or m atory filin	g require	0 days after	ional) er filing.) is date v	Pursuant will not l	to 605.0 ne listed	0207 (d as t
he reco	ord specifies a delayed effection of the properties of the record is	ctive of filed.	date	a, but no	t an eff	ective t	ime, at	12:01	a.m. (on the	earlie	r of:
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				Page	3 of 3							

Filing Fee: \$25.00