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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	MIAMI FIN				
50 5 05011		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		ANA MARIA DIAZ			
Name of Person					
		MIAMI FINE AUTO , LL	C.		
Firm/Company					
		1745 WEST 37 ST UNIT			
		Address			
		HIALEAH, FL 33012		拉口	2018
			City/State and Zip Code	AHAS	2016 MAR 2
		E-mail address: (to be used for future annual report notif	ication) c/	
For further in	nformation co	oncerning this matter, please ca	all:	اسا مسا	To To
ANA MARI	A DIAZ		305 815-5139 at ()_		1: 22
	Name of	Person		Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

THE COLLECTION USED AUTO PARTS, 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 02/04/2016 and assigned Florida document number L16000024172 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MIAMI FINE AUTO, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1745 WEST 37 ST Enter new principal offices address, if applicable: UNIT 17 (Principal office address MUST BE A STREET ADDRESS) HIALEAH, FL 33012 1745 WEST 37 ST Enter new mailing address, if applicable: **UNIT 17** (Mailing address MAY BE A POST OFFICE BOX) HIALEAH, FL 33012 B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida

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> Name **Address Type of Action** _□ Add ☐ Remove _□ Add □ Remove _ Change ☐ Remove 200 MAR 20 FEM SECRETARY OF STALLAHASSEE, FIC _□ <mark>≧</mark>ange □ Remove _ N _□ ®hange □ Add ☐ Remove ☐ Change □ Add □ Remove

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(If an ei	ive date, if other than the date of filing: 03/16/2016 (option of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, the nearly seffective date on the Department of State's records.	ional) r filing.) Pursuant to 6 is date will not be li	05.0207 (sted as th
) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed.	a.m. on the ear	lier of:
Dated	March 16, 2016.		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00