L160000 31879

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECHETARY OF STAFE
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J. HARRIS

COVER LETTER

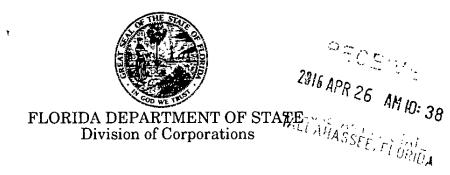
TO: Registration Secti Division of Corpo	
SUBJECT:S	antos Cars
SUBSECT:	Name of Limited Liability Company
The enclosed Articles of An	mendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	Juon M Santos
	Name of Person
	toulfer
	Firm/Company
	Z920 NW 166 Tear
	Address
	Miami lakes 33018
	City/State and Zip Code
	Miami lake 5 33018 City/State and Zip Code Juancho. Santosa C 6 mair. com E-mail address: (to be used for future annual report notification)
For further information con-	cerning this matter, please call:
Leni Ui Name of P	at (305) 979 0598 Person Area Code Daytime Telephone Number
Enclosed is a check for the	following amount: Already Paid
□ \$2,5.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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



April 14, 2016

JUAN M SANTOS 8920 NW 166 TERR MIAMI LAKES, FL 33018

SUBJECT: SANTOS CARS LLC Ref. Number: L16000031879

We have received your document for SANTOS CARS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 516A00004812



March 8, 2016

LENI VILA 8920 NW 166 TERR MIAMI LAKES, FL 33018

SUBJECT: SANTOS CARS LLC Ref. Number: L16000031879

We have received your document for SANTOS CARS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 3 is missing.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The entity's date of incorporation/organization must be listed in the document.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 516A00004812

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(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 02-15-16 and assigned Florida document number 116000031870.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Son tos Auto sales LLC 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
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>	Address	Type of Action
AMBR	Juan M santos	2920 NW 166 Tear	⊠ Add
			Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
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