Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number ; 120140000083

Phone Fax Number

: (407)932-0040 : (407)520-5473

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WORK CAR FIX LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
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Corporate Filing Menu

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## COVER LETTER

TO:	Registration Se Division of Cor	ction porations				
erns m		R FIX LLC				
SUBJE	A1:	Name of Limited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	indence concerning this matter	to the following:			
			Name of Person  WORK CAR FIX LLC			
			Firm/Company	,		
,		2779				
			Address			
			KISSIMMEE, FL 34744  City/State and Zip Code			
	•					
		RCTA				
	•	E-mail address: (	to be used for future annual report no	dification)		
For fur	ther information o	oncerning this matter, please o	all:			
	EMMANU	EL BEZARES	407	860-1246		
	Name o	f Person	at ()	me Telephone Number		
Bnolose	ed is a check for t	he following amount:				
<b>■</b> \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MATL	ING ADDRESS:	STREET/COUF	RIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORK CAR FIX L	LC .				
(Name of the Limited Liability Company as I (A Plorida Limited Liabilit	t now appears on our records.) y Company)				
The Articles of Organization for this Limited Liability Company were	filed on03/04/2016	and assigned			
Florida document number 1.16000045900					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability of	company here:				
WORLD CAR FIX LLC					
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or th	e abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		<u></u>			
(Principal office address MUST BE A STREET ADDRESS)		<u></u>			
		₹ 🖫 🔛			
		العسيد مسيد بن احداد			
Enter new mailing address, if applicable:		, 22			
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(Mailing address MAY BE A POST OFFICE BOX)		9			
	\(\frac{1}{2}\)				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the ne			
Name of New Registered Agent:		<u> </u>			
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:

: 1

MGR = Manager AMBR = Authorized Member Title Name Address Type of Action ☐ Add ☐ Remove \_ Change □ Add □ Remove ☐ Change Add \_ Remove ☐ Change \_□ Add \_□ Remove □ Change bbA 🗖 □ Remove ☐ Change \_D Add □ Remove

\_□ Change

D. If amending any other informat	on, enter change(s) here:	(Anach adamona sneets, )	g necessury.)		
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E. Effective date, if other than the (If an effective date is listed, the date mis Note; If the date inserted in this ble document's effective date on the De	ck does not meet the applicable	date of filing or more than 90 day le statutory filing requiremen	(optional) ys after filing.) Pursuant to 605 ts, this date will not be list	5.0207 (3 ed as th	)(b) •
f the record specifies a delayed b) The 90th day after the reco		an effective time, at 12	:01 a.m. on the earli	er of:	
Dated	2016	··			
4 70	\$				
1	Signature of a member or authorize	zed representative of a member			

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Filing Fee: \$25.00