## 116000048358

| (Řé                     | equestor's Name)   |                                       |
|-------------------------|--------------------|---------------------------------------|
| (Ac                     | idress)            |                                       |
| (Ac                     | ldress)            | · · · · · · · · · · · · · · · · · · · |
| (Ci                     | ty/State/Zip/Phon  | e #)                                  |
| PICK-UP                 | ☐ WAIT             | MAIL                                  |
| (Ві                     | ısiness Entity Nar | me)                                   |
| (Do                     | ocument Number)    | 1                                     |
| Certified Copies        | _ Certificates     | s of Status                           |
| Special Instructions to | Filing Officer:    |                                       |
|                         |                    |                                       |
|                         |                    |                                       |
|                         |                    |                                       |
|                         |                    |                                       |

Office Use Only



000288872060

08/19/16--01016--010 \*\*30.00

16 AUG 19 PH .1: 38

AUG 2 3 2016 Y SULKER

## **COVER LETTER**

| то:      | Registration Section Division of Corporations        |                      |                           |
|----------|--|----------------------|---------------------------|
| SUBJE    | QUALITY CARS USA LLC                                 |                      |                           |
|          | Name of Limited                                      | Liability Company    |                           |
| The end  | losed Articles of Amendment and fee(s) are submit    | ted for filing.      |                           |
| lease r  | eturn all correspondence concerning this matter to t | he following:        |                           |
|          | ANA E ROSARIO  |                      |                           |
|          |  | Name of Person       |                           |
|          | AMERICAN TAX & PAYRO                                 | OLL SERVICES I       | LC                        |
|          |  | Firm/Company         | •                         |
|          | 1015 SR 436 SUITE 105                                |                      |                           |
|          |  | Address              |                           |
|          | CASSELBERRY, FL 32707                                |                      |                           |
|          |  | City/State and Zip C | ode                       |
|          | ana.rosario@americantaxpayro                         |                      |                           |
|          | E-mail address: (to b                                | e used for future an | nual report notification) |
| For furt | her information concerning this matter, please call: |                      |                           |
| ANA I    | ROSARIO  | 407<br>at (          | 767-1647                  |
|          | Name of Person                                       | Area Code            | Daytime Telephone Numbe   |

**MAILING ADDRESS:** 

**■** \$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

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

| QUALITY CARS USA, LLC  | <b>₩</b>  |                         |
|--|---|-------------------------|
| (Name of the Limited Lia<br>(A Flo   | ability Company as it now appears on our records.) orida Limited Liability Company) |                         |
| The Articles of Organization for this Limited Liability Florida document number L16000048558 | ty Company were filed on MARCH 8,2016   | and assigned            |
| This amendment is submitted to amend the following   | g:  |                         |
| a. If amending name, enter the new name of the   | limited liability company here:   |                         |
| he new name must be distinguishable and contain the words "                                  | 'Limited Liability Company," 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 AL   | DDRESS)   |                         |
|  |   |                         |
|  |   |                         |
| Enter new mailing address, if applicable:  |   |                         |
| Mailing address MAY BE A POST OFFICE BOX   |   |                         |
|  |   |                         |
|  | egistered office address on our records ent   | tou the mouse of the    |
|  |   | ier the name of the     |
|  |   | er the name of the      |
| egistered agent and/or the new registered office a   |   | er the name of the      |
| Name of New Registered Agent:  |   | er the name of the      |
| egistered agent and/or the new registered office a   |   | er the name of the      |
|  | address here:   |                         |

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                    |
|--------------|----------------|--------------------|-----------------------------------|
| MGR          | NIKHAT PARVEEN | 361 KAPOK CT       | <b>=</b> Add                      |
|              |                | LONGWOOD, FL 32779 | Remove                            |
|              |                |                    |                                   |
|              |                |                    | Add                               |
|              |                |                    | □ Remove                          |
|              |                | /                  |                                   |
|              |                |                    | ☐ Add                             |
|              |                | _ /                | Change<br>Change<br>Change<br>Add |
|              |                | /                  | Remove                            |
|              | ,              |                    | Change                            |
|              |                |                    | Add                               |
|              |                |                    | Remove                            |
|              |                |                    | Change                            |
|              |                |                    | Add                               |
|              | ;<br>          | <del></del>        | Remove                            |
|              |                |                    | ☐ Change                          |

| <del></del>   | NI/A   |  | _                  |
|---|--|--|--------------------|
| , <del></del>   |  |  |                    |
|   |  |  | _                  |
|   |  |  |                    |
|   |  |  | _                  |
|   |  |  | _                  |
|   |  |  | _                  |
|   |  |  | _                  |
|   |  |  | <del></del>        |
| <u></u>   |  |  |                    |
| 444   |  | <u>.</u>   | _                  |
|   |  | 16.  | _                  |
| ······  |  | AUG 19   | <u>.</u> .         |
|   |  | िंग <b>मक</b> है<br>स्त्री-<   |                    |
|   |  |  | The same           |
|   |  | <u> </u>   | _                  |
| (If an effective date is listed, the Note: If the date inserted | han the date of filing:  date must be specific and cannot be prior to date of fil in this block does not meet the applicable statuto on the Department of State's records. | (optional) ing or more than 90 days after filing.) Pursuant to 60 ry filing requirements, this date will not be list | 05.0207<br>sted as |
| the record specifies a of the 90th day after                    | delayed effective date, but not an effective the record is filed.  | ctive time, at 12:01 a.m. on the ear   | lier of            |
| Dated   | , 2016   |  |                    |
| · <del></del>   | Signature of a member or authorized repres   |  |                    |
|   |  |  |                    |

Page 3 of 3

Filing Fee: \$25.00