L16000063482

(Samuel of Name)
(Requestor's Name)
•
(Address)
•
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, i

Office Use Only



100293872211

01/19/17--01018--017 **25.00

17 JAH 19 PH 15 山

I'M SO SUN

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	CARS OPE	RATIONS LLC		
		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		LUIGI RANIERI		
			Name of Person	
		CARS OPERATIONS LLC	3	
		**************************************	Firm/Company	
		8300 NW 53RD STREET.	STE 350	
		· · · · · · · · · · · · · · · · · · ·	Address	
		DORAL. FL. 33166		
		***************************************	City/State and Zip Code	· ···
		info@bluepointdevelopers.c		
		E-mail address: (t	o be used for future annual report notifica	tion)
For further in	nformation co	ncerning this matter, please ca	11:	
JOHENNY	MARTINEZ		786 3890642	
	Name of	Person	at () Area Code Daytime To	elephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	ïling Fee	□ \$30.00 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)

MAILING ADDRESS:

TO:

Registration Section

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**

CARS OPERATIONS LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03-30-2016	and assigned
Florida document number L16000063482		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	8333 NW 53RD STREET. STE 450.	
(Principal office address MUST BE A STREET ADDRESS)	DORAL. FL 33166	17
.		<u></u>
Enter new mailing address, if applicable:	8300 NW 53RD STREET. STE 350.	
(Mailing address MAY BE A POST OFFICE BOX)	DORAL. FL. 33166	
		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		he name of the ne
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	, Florida	

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	LUIGI RANIERI		
		8333 NW 53RD STREET. STE 45	■ Remove
			Change
MGR	JOHENNY MARTINEZ	8300 NW 53RD STREET. STE 350	Add
			☐ Remove
			Change
-1-3-1			
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			□ Remove
			Remove
			Change

_			
_			
_			
	F.4.*********		
_	***************************************	· · · · · · · · · · · · · · · · · · ·	
			_
-			
_			
	·····		
_			
_			
Note: If	e date, if other than the date five date is listed, the date must be spetched date inserted in this block do t's effective date on the Departm	of filing: 01-13-2017 (optio ecific and cannot be prior to date of filing or more than 90 days after the session meet the applicable statutory filing requirements, this ment of State's records.	nal) filing.) Pursuant to 605.0207 (3) date will not be listed as the
	rd specifies a delayed effe Oth day after the record is	ective date, but not an effective time, at 12:01 as filed.	.m. on the earlier of:
Dated _	· · · · · · · · · · · · · · · · · · ·		
			17
	Signat	ture of a member or authorized representative of a member	
	LUIGI RANIERI		<u> </u>
		Typed or printed name of signee	
		Page 3 of 3	

Filing Fee: \$25.00