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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Professional Car Carl LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hecmaeli Rodriguez Name of Person
Professional Car Care UC
19920 Villa Ridge Dr. Apt. 1-105
Orlando, FL 32821 City/State and Zip Code Profus Sional Carcare LL (a) amail (amail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hecmaeli Rodriguez at (407) 701 5707 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, Certified Copy (cadditional 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

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

Professional Cau	Can UC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L\\0000\6074</u> Z	by were filed on $3/29/10$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	TALE
(Principal office address MUST BE A STREET ADDRESS)	AR AR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ASSEE. FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	t :

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> Name Address Type of Action ☐ Remove ☐ Change Hecmaeli Rodriguez 19920 Villa Ridge Dr. 1900 Port. 1-105 Oviando FC 3282 □ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove □ Change _□ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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	cifies a delaye ay after the rec		e, but no	ot an effe	ctive time,	at 12:01 a.r	π. on the earli	ier
nted	and day	John Ter	nuon	4.201	8			
 -	/	Signature of a me	mber or auth	norized repres	sentative of a m	ember		
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Page 3 of 3

Filing Fee: \$25.00

