

U6000067853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

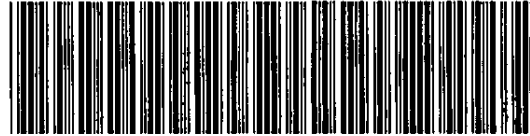
(Business Entity Name)

(Document Number)

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FILED  
APR 27 AM 9:24  
SECRETARY OF STATE  
TREASURY DEPARTMENT

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Carplex Autosales LLC.  
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:

Maycol Sarmiento  
Name of Person

Carplex Autosales LLC.  
Firm/Company

2522 W De Leon St  
Address

Tampa / FL / 33609  
City/State and Zip Code

maycolbeneett@live.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Maycol Sarmiento at (813) 458-1786  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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:**

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

**TO  
ARTICLES OF ORGANIZATION  
OF**

CARplex Autosales LLC

(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 April 05, 2016 and assigned  
Florida document number L6000067853.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CARplex Autosales LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

7109 Elizabeth Avenue  
Unit 13  
Hudson, FL 34667

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2522 W De Leon St  
Tampa, FL 33609

**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

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**

or removed from our records:

MGR = Manager


AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Maycol Sarmiento	2522 w De leon St	<input type="checkbox"/> Add
		Tampa, Fl. 33609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Hernando Sarmiento	8542 Hunters Key Cir	<input checked="" type="checkbox"/> Add
		Tampa, Fl 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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APR 27 AM 9:25

**E. Effective date, if other than the date of filing:** April 23, 2016 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_, \_\_\_\_\_.



\_\_\_\_\_  
Signature of a member or authorized representative of a member



\_\_\_\_\_  
Typed or printed name of signee