## 11600088859

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | Idress)            |           |
| (Ac                     | idress)            |           |
| (Ci                     | ty/State/Zip/Phone | : #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | usiness Entity Nam | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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## COVER LETTER

| го:            | Registration Sec<br>Division of Corp |  |   |  |
|----------------|--------------------------------------|--|---|--|
| SLUNDES.       |                                      | N ART CARS LLC                               |   |  |
| SUBJE          | CT:                                  | Name of Limi                                 | ted Liability Company   | <del></del>  |
| The enc        | losed Articles of a                  | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please r       | eturn all correspo                   | ndence concerning this matter                | to the following:   |  |
|                |                                      | JOAO PEDRO VOLZ                              |   |  |
|                |                                      |  | Name of Person  | <del></del>  |
|                |                                      | VD&T INTERNATIONA                            | L   |  |
|                |                                      |  | Firm/Company  |  |
|                |                                      | 150 SE 2ND AVE SUITE                         | 505   |  |
|                |                                      |  | Address   |  |
|                |                                      | MIAMI, FL 33131                              |   |  |
|                |                                      |  | City/State and Zip Code   |  |
|                |                                      | management@vdtinternatio                     |   |  |
|                |                                      | E-mail address: (                            | to be used for future annual report notifi                          | cation)  |
| For furt       | her information co                   | oncerning this matter, please ca             | dh:   |  |
| JOAO I         | PEDRO VOLZ                           |  | 305 8781516   |  |
|                | Name of                              | Person                                       | Area Code Daytime   | Telephone Number   |
| Enclose        | d is a check for th                  | e following amount:                          |   |  |
| □ <b>\$</b> 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

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

AMERICAN ART CARS 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  $\frac{05/05/2016}{}$ and assigned Florida document number \_\_\_\_\_L16000088859 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: VDT CORPORATE SERVICES LLC Name of New Registered Agent: 150 SE 2ND AVE SUITE 505 New Registered Office Address: Enter Florida street address , Florida 33131 Zip Code MIAMI

## 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.

Cirv

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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 |
|--------------|---------------------|---------------------------|----------------|
| S            | OLSEN, ERIK DOUGLAS | 16950 N BAY RD. APT. 1407 |                |
|              |                     | SUNNY ISLES BEACH,        | ■ Remove       |
|              |                     | FL 33160                  | ☐ Change       |
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|              |                     |                           | Change         |
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| ffective date, if other than t                                     | the dute of filings    |                   |                      | (anti                  | onal)                      |   |
| an effective date is listed, the date i                            | must be specific and c | annot be prior to | date of filing or me | ore than 90 days after | r filing.) Pursuant to 60: | 5.0207                                      |
| (ote: If the date inserted in this ocument's effective date on the |                        |                   | e statutory filing   | g requirements, thi    | s date will not be list    | ted as                                      |
|  | •                      |                   |                      |                        |                            |   |
| e record specifies a delay   | yed effective da       | te, but not a     | an effective t       | ime, at 12:01 a        | a.m. on the earli          | ier o                                       |
| The 90th day after the r   |                        |                   |                      |                        |                            |   |
| A CONTRACT LANGE   |                        | 2017              |                      |                        | 25.6 <b>3</b>              |   |
| ated AUGUST 10TH   |                        | 2017              | ·                    |                        | 7 AUG                      |   |
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|  | _ ` \ \ - \            |                   |                      |                        | , · —                      |   |
|  | Signature of a row     | mber or authoriz  | red paresentative    | of a member            | <u> </u>                   | í T   |
|  | Signature of a me      | mber or authoriz  | cut of tresentative  | of a member            | 7 PH                       |   |

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Filing Fee: \$25.00