

L16000124267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

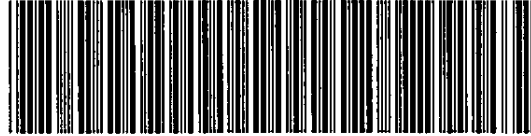
(Business Entity Name)

(Document Number)

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2016 AUG 22 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

AUG 24

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Car Smart of Miami, 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:

Jonathan Ali Sylvain

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

8617 NW 35th St

\_\_\_\_\_  
Address

Coral Springs, FL, 33065

\_\_\_\_\_  
City/State and Zip Code

carsmartofmiami@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Sylvain

954

297-9931

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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

Car Smart of Miami

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/29/2016 and assigned  
Florida document number L16000124263.

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:**

12900 NW 30TH AVE

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

#2

OPA-LOCKA, FL 33054

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

12900 NW 30TH AVE

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

#2

OPA-LOCKA, FL 33054

**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:**

Jonathan Ali Sylvain

**New Registered Office Address:**

3785 SW 19th St

*Enter Florida street address*

Fort Lauderdale

*City*

, Florida 33312

*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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jonathan Sylvain	3785 SW 19th St	<input type="checkbox"/> Add
		Fort Lauderdale, FL, 33312	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jonathan Ali Sylvain	3785 SW 19th St	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL, 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF SUPERIOR COURT  
ALABAMA, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

I am including a note to precisely clarify what I am intending to amend. I am the MGR of Car Smart of Miami,

my name is Jonathan Ali Sylvain and I would like that my name, middle name, is accurately depicted on the

company file. I am also requesting to have the principle office and mailing address changed from Bay 2 to #2.

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TALLAHASSEE FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

08-17-16

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

Jonathan Sylvain

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