# 116000126796

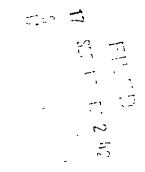
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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D. SCOTT SEP 1 3 2017



2017 SEP 13 PM 2: 37

## FLORIDA DEPARTMENT OF STATE OF

August 14, 2017

ALEXANDER CONCEPCION 9777 S ORANGE BLOSSOM TRAIL SUITE 26 ORLANDO, FL 32837

SUBJECT: PRISTINE MOTORSPORTS SALON LLC

Ref. Number: L16000126798

We have received your document for PRISTINE MOTORSPORTS SALON LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 617A00016550

#### **COVER LETTER**

TO:	Registration Sec Division of Corp						
esin ir	ecer.		orsports Salon LLC				
SUBJE	ECT:	Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub-	_				
Please	return all correspon	dence concerning this matter	to the following:				
			Alexander Concepcion				
			Name of Person				
		Pris	tine Motorsports Salon LLC				
			Firm/Company				
9777 S.			Orange Blossom Trail Suite 26				
			Orlando, Fl. 32837				
			City/State and Zip Code				
			notorsportssalon@yahoo.com to be used for future annual report no	tification)			
For fur	ther information co	ncerning this matter, please ca	all:				
Alexar	nder Concepcion		321 747-4076				
	Name of	Person	at () Area Code Dayti	me Telephone Number			
Enclos	ed is a check for the	e following amount:			A 10		
<b>= \$2</b> :	5.00 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)			
	MAILE	NG ADDRESS:	STREET/COUF	RIER ADDRESS:	ري آ		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**;** ·

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

	orsports Salon LLC		
(Name of the Limited Liat (A Flor	pility Company as it now appears or ida Limited Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Liability forida document number L16000126798	Company were filed on July	05, 2016	and assigned
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the li	mited liability company here	<b>2:</b>	
he new name must be distinguishable and contain the words "L	imited Liability Company," the desi	ignation "LLC" or the ab	breviation "L.L.C."
enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	·
Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>			
		.,	
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office at</li> </ol>		our records, <u>enter</u>	the name of the
Name of New Registered Agent:			
New Registered Office Address:	<del></del>	ssom Trail Suite 26	
	Orlando		32837
<del></del>	City	, Florida	Zip Code
			المسير

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 =	<b>Authorized Member</b>	

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Marcio Ruffaya Carvalho	9769 S. Orange Blossom Trail	
		Unit 36 Orlando FL 32837	
			□ Change
AMBR	Anthony White	9769 S. Orange Blossom Trail	Add
		Unit 36 Orlando, FL 32837	<b>□</b> Remove
		<del> </del>	Change
			☐ Remove
			□ Remove
			Change
			☐ Remove ?
			Change
			Add
			□ Remove
			☐ Change

and Anthony White. I am	also changing the address a	s we moved.	
· <del></del>	·		
			<del></del>
<del></del>			
		· <u>···</u>	
	<del> </del>		
<del></del>	<u> </u>	<del></del>	<del> </del>
			<del></del>
fective date, if other than t	the date of filings		(optional)
n effective date is listed, the date	must be specific and cannot be p	rior to date of filing or more than	90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this cument's effective date on the			ements, this date will not be listed a
	·		
record specifies a delay	ed effective date, but	not an effective time, a	بر t 12:01 a.m. on the earlier o
The 90th day after the r		·	, ,
A	2017		
ited		<u>,</u>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00