

(Re	equestor's Name)	
(Ad	dress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

Division of	Corporations		
Amigos SUBJECT:	Wholesale Cars LLC		
SUBJECT.	Name of Lim	ited Liability Company	-
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Lynette Diaz		
		Name of Person	
	Amigos Wholesale Cars L.	LC	
		Firm/Company	
	9793 SW 159th Ave		
		Address	125 6
	Miami FL 33196		超昌卫
		City/State and Zip Code	ication)
	LynettePR@gmail.com	to be used for future annual report notif	ication)
For further information	on concerning this matter, please or		1. 55 1. 55
Lynette Diaz		305 304-3210	<u>₹</u> *
Nar	ne of Person	Area Code Daytime	e Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fee	e \$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:

TO:

Registration Section

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

Amigos Wholesale Cars LLC		<u> </u>
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on September 12, 2016	and assigned
Florida document number L16000170773	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Amigos Wholesale Cars LLC		
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		20 5
B. If amending the registered agent and/or regi		er the name of the new
registered agent and/or the new registered office add	lress here:	P P
		منا المنابع
Name of New Registered Agent:		<u> </u>
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

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>	Type of Action
AMBR	Lynette Diaz	9793 SW 159th Ave Miami, FL 33	Add
			☐ Remove
			☐ Change
AMBR	Jose G. Diaz	9793 SW 159th Ave Miami, FL 33	■ Add
			☐ Remove
			Change
		 	
			□ Remove
			Change
		 	
			Remove SEC Change
			Add The Remove
		 	□ Change
			Add
			□ Remove
			☐ Change

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(If an effective date is listed, the date Note: If the date inserted in the	the date of filing: (optional) e must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to is block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	
If the record specifies a dela (b) The 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m. on the ear record is filed.	ırlier d
Dated Ocotber 4,	, 2016	
Q.	Signature of a member br authorized representative of a member	

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Filing Fee: \$25.00