L16000175316

	Requestor's Name)		
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	(City/State/Zip/Phone #)		
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	(Document Number)		
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COVER LETTER

	egistration Se ivision of Cor			
SUBJECT		TIONAL AUTOMOTIVE LL	С	
SUBJECT		Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		FREDDY OCAMPO		
			Name of Person	
		MULTINATIONAL AUT	OMOTIVE LLC	
			Firm/Company	
		4701 ORANGE DR., BLD	G 16 BAY 34	
			Address	
		DAVIE, FL 33314		·
			City/State and Zip Code	A
		frocavi@gmail.com		
		E-mail address; (to be used for future annual report not	ification)
For further	information co	oncerning this matter, please ca	all;	
FREDDY	OCAMPO		305 733-1020 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	s a check for th	ne 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

MULTINATIONAL AUTOMOTIV			
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
he Articles of Organization for this Limited L	iability Company	were filed on 11/17/2016	and assigned
lorida document number L16000175316			
his amendment is submitted to amend the follo	owing:		
. If amending name, enter the new name of	f the limited liab	oility company here:	
,		-	
ne new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		4701 ORANGE DR.	
		BLDG 16 BAY 34	
		DAVIE, FL 33314	~~
			17. T.
nter new mailing address, if applicable:		4701 ORANGE DR.	
Mailing address MAY BE A POST OFFICE BOX)		BLDG 16 BAY 34	SSE
		DAVIE, FL 33314	mo ,
s. If amending the registered agent and/ egistered agent and/or the new registered of	or registered o	office address on our re <u>re</u> :	cords, enter the name of the h
Name of New Registered Agent:	GONZALO CA	ABRERA	
New Registered Office Address: 4701 ORANGE DR, BLDG 16 BAY 34			
		Enter Florida street (address
	DAVIE		_, Florida <u>33314</u>
		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>	Address	Type of Action
MGR	GONZALO CABRERA	4701 ORANGE DR	■ Add
		BLDG 16 BAY 34	□ Remove
		DAVIE, FL 33314	Change
MGR FREDDY OCAMPO	FREDDY OCAMPO	4701 ORANGE DR	□ Add
		BLDG 16 BAY 34	□ Remove
		DAVIE, FL 33314	Change
			Q Add
			P Remove
			S Chango
			Remove
			□ Change
			Add
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			_ □ Remove
			Change.

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		DA.
Effective date, if other than to (If an effective date is listed, the date in Note: 'If the date inserted in this document's effective date on the	must be specific and cannot be prior to date of filing or more that s block does not meet the applicable statutory filing requ	(optional) an 90 days after filing.) Pursuant to 605.0207 (3)(luirements, this date will not be listed as the
the record specifies a delay) The 90th day after the r	yed effective date, but not an effective time, ecord is filed.	at 12:01 a.m. on the earlier of:
Dated	, 2017	
	Signature of a member of authorized representative of a m	nember
FREDDY OCAMPO	9	
FREDDY OCAMPO	Typed or printed name of signee	

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Filing Fee: \$25.00