

L16000194194

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TALLAHASSEE, FLORIDA

MAR 16 2017

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAMPA LUXURY MOTORS 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:

Juan Contreras

Name of Person

Tampa Luxury Motors LLC

Firm/Company

7718 B North Florida Ave

Address

Tampa, Florida 33604

City/State and Zip Code

Tampaluxurymotors@hotmail.com

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

For further information concerning this matter, please call:

Juan Contreras

813 451 8851

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

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TALLAHASSEE, FLORIDA
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Tampa LuxuryMotors 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 _____ and assigned
Florida document number L16000194194

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TAMPA LUXURY MOTORS LLC

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)

7718 B NORTH FLORIDA AVE

TAMPA FL 33604

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7718 B NORTH FLORIDA AVE

TAMPA FL 33604

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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: _____

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>	<u>Type of Action</u>
MGR	JUAN STERLING CONTRERAS	8697 KEY ROYALE LN	<input checked="" type="checkbox"/> Add
		TAMPA FL 336047	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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47 MAR 15 PM 1

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
MAR 15 PM 1:01
17

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.

Dated 01/23/2017

Typed or printed name of signee