

L16000 209644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

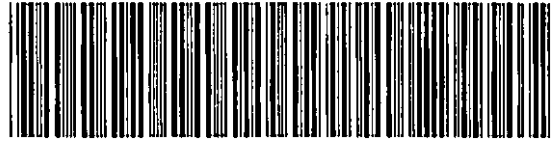
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FALL ARK 2017
17 DEC 12 PM 7:16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BUY YOUR CAR EASY. COM, 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:

CARLO ACHARDY LEON

Name of Person

BUY YOUR CAR EASY.COM, LLC

Firm/Company

230 S DIXIE HWY

Address

HOLLYWOOD, FLORIDA 33020

City/State and Zip Code

miamipublicaciones@gmail.com

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

For further information concerning this matter, please call:

CARLO ACHARDY LEON

786 381-2491
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**

BUY YOUR CAR EASY.COM, 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 11-16-2016 and assigned
Florida document number L16000209644.

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:

230 S DIXIE HWY

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD, FLORIDA 33020

Enter new mailing address, if applicable:

230 S DIXIE HWY

(Mailing address MAY BE A POST OFFICE BOX)

HOLLYWOOD, FLORIDA 33020

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:

5984 NW 56 PLACE

Enter Florida street address

TAMARAC

City

Florida 33019

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	JAIRO A. LUGO MARIN	16950 NORTH BAY RD	<input checked="" type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLO ACHARDY LEON	5984 NW 56th PLACE	<input type="checkbox"/> Add
		TAMARAC, FL 33019	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LUIS CARLOS RUIZ MALDONADO	5984 NW 56th PLACE	<input type="checkbox"/> Add
		TAMARAC, FL 33019	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

17 DEC 12 PM 7:16

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: DECEMBER 08, 2017 (optional)

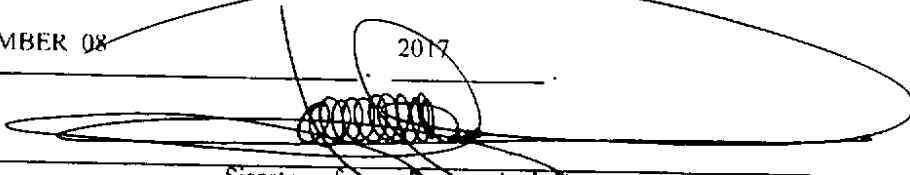
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 DECEMBER 08

2017



Signature of a member or authorized representative of a member

CARLO ACHARDY LEON - MGR

Typed or printed name of signee