LIGOCO209644

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COVER LETTER

Div	ision of Corp	porations			
SUBJECT:		R CAR EASY.COM, LLC			
			nited Liability Company		
The enclosed	l Articles of z	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		CARLO ACHARDY LE	ON		
			Name of Person	 -	
			Firm/Company		
		230 S DIXIE HWY			
			Address		
		Firm/Company 230 S DIXIE HWY			
			City/State and Zip Code		
		_			
		E-mail address: (to be used for future annual report notifi	cation)	
For further in	iformation co	oncerning this matter, please ca	all:		
CARLO ACHARDY LEON		EON	786 381-2491 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	iling 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:

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

(<u>Name of the Limited Lia</u> (A Flo	ability Compan orida Limited Li	v as it now appe ability Company	ars on our records.)		
The Articles of Organization for this Limited Liabilit	ity Company v	vere filed on _	12/12/2017	and assigned	
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liabil	ity company	here:		
N/A					
he new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the	designation "LLC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	:	N/A			
Principal office address MUST BE A STREET AL	DDRESS)			<u> </u>	3, 01 / 30 10 13 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 /
Inter new mailing address, if applicable:		N/A		JUN 28	CENT 1437
Mailing address MAY BE A POST OFFICE BOX)				TAN C
	2			<u> </u>	; <u>r</u>
B. If amending the registered agent and/or registered agent and/or the new registered office a			on our records,	enter the name of the	<u>e n</u>
Name of New Registered Agent: N/	/A				
New Registered Office Address:					
		Enter Fl	orida street address		_
			Flori	da	
		Ciţy		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
MGR	JAIRO A. LUGO MARIN	230 S DIXIE HWY	■ Add
		HOLLYWOOD, FLORIDA 33020	□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
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	JUNE 26, 2018		
fec n e	tive date, if other than the date of filing: [Optional] [Goptional] [Goptional] [Goptional] [Goptional] [Goptional])	405.03
te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date w	ill not be	6 605.02 e listed
cui	ment's effective date on the Department of State's records.		
re Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 90th day after the record is filed.	າ the e	arlier
	e sour day after the record is med.		
_	JUNE 26 2018		
tec	1		
	Signature of a member or authorized representative of a member	 -	_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00