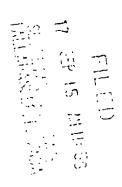
## L/6000 23/527

(Requestor's Name)	
(Address)	
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(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Stati	   s
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## **COVER LETTER**

TO: Registration Section

Division of Corporations	
ALPHA OMEGA CAR SERVICE	S LLC
SUBJECT: Nam	e 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:
CHARLES DE LA	N TORRE
	Name of Person
ALPHA OMEGA	GAR SERVICES LLC
<del> </del>	Firm/Company
1207 West Central	  Blvd.
	Address
Orlando, FL 32805	
	City/State and Zip Code
alphaomegacar@hol	thnail.com  ddress: (to be used for future annual report notification)
For further information concerning this matter, p	
	mease can.
CHARLES DE LA TORRE	407 970-3633  at ()  Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number  Solution See Code Daytime Telephone Sumber See Code Daytime Telephone See Code Daytime T
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee Certificate of St	Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  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**

ALPHA OMEGA CAR SERVIĢES LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	···
(it is a second of the second	monny exampling)	
The Articles of Organization for this Limited Liability Company v	were filed on 12/23/2016	and assigned
Florida document number L16000231527		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
SAME NAME		
SAME NAME  The new name must be distinguishable and contain the words "Limited Liability words".		
Enter new principal offices address, if applicable:	1207 WEST CEI	MERAL BLUB.
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL	32805
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1207 WEST CE ORLANDO, FL 3	NTRAL BLUD. 2805
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:	ice address on our records, <u>ente</u> ;	r the name of the new
New Registered Office Address:	Enter Florida street address	
	Lance 1 no mai su vet quaress	
	, Florida _	Zin' Corto
Number of the state of the stat	Cif.	ыр Соае
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 amendin	amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde removed from our records:		
MGR = M AMBR'= A	danager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOSE SILVA DOS SANTOS	5283 MIDDLE COURT	<b>∃</b> Add
		ORLANDO, FL 32811	□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
		<del></del>	Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			D Add
			Remove
			□ Change

amending any other information	, enter change(s) here: (Attach addition	nal sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·		
	<u> </u>	
fective date, if other than the da	e of filing:	(optional)
in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depar	specific and cannot be prior to date of filing or mo does not meet the applicable statutory filing timent of State's records.	re than 90 days after filing.) Pursuant to 605,0207 requirements, this date will not be listed as
record specifies a delayed ef The 90th day after the record	fective date, but not an effective till is filed.	me, at 12:01 a.m. on the earlier of
September 12	2017	
ted September 12	· · · · · · · · · · · · · · · · · · ·	
HITTE		
	The of a member or authorized representative of	of a member
CHARLES DE LA TORRI	}	
	Typed or printed name of signee	1.2
	Page 3 of 3	
	Filing Fee: \$25.00	