H17000006835

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COVER LETTER

TO: Amendment Section

Division of Co	rporations			·
NAME OF CORP	ORATION: PICK UP ALL CA	R LLC		
	MBER: L17000006835		_	
The enclosed Articl	es of Amendment and fee are su	ibmitted for file	ng.	
Please return all co	respondence concerning this ma	itter to the follo	owing:	
	MAXIMO J HERNANDEZ			
		Name of C	ontact Person	n
	PICK UP ALL CAR LLC			
		Firm/ (Company	
	15806 SW 50TH TERRACE			
		Ad	dress	
	MIAMI, FL 33185			
		City/ State	and Zip Cod	e
	maxpadron1346@gmail.com			
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further informa	tion concerning this matter, pleas	se call:		
MAXIMO J HERN	ANDEZ	at (786	de & Daytime Telephone Number
Nan	ne of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the	Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified (Сору	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	Tailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

ARTICLES OF ORGANIZATION OF

FILED 2021 OCT 12 PH 4:47

PICK UP ALL CAR LLC

AR LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.) All State Limited

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabili Florida document number L17000006835	ty Company v	were filed on	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liabi	lity company here:	
PICK UP ALL CAR LLC			
The new name must be distinguishable and contain the words '	"Limited Liabili	ty Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	15806 SW 50TH TERF	R
(Principal office address MUST BE A STREET AL		MIAMI, FLORIDA 33	185
Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office a	ddress on our records	, enter the name of the new register
Name of New Registered Agent:	iguel Maximil	iano Padron	
New Registered Office Address: 15	806 sw 50th to	епт	
		Enter Florida stree	et address
<u>M</u>	iami		, Florida 33185
		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

•	-	•	 •	~	٠	 	~~~	 ~-		 ~~-

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
M	Miguel Maximiliano Padron	15806 sw 50th Terr	<u></u> ≅Add
		Miami, Florida 33185	□Remove
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If an effective di Note: If the c	te, if other tha ate is listed, the da date inserted in t ffective date on	ate must be spe this block do	of fuing: cific and canno es not meet th	เติสทางแดลที่เคร	e of filing or m	ore than 90 days g requirements	-A. 61' \ N	suant to 605.0207 (not be listed as t
e record speci: rd is filed.	fies a delayed ef	ffective date,	but not an eff	ective time, a	t 12:01 a.m. c	on the earlier o	f: (b) The 90t	h day after the
Dated	10/12/21	<i>I</i>	— <u> </u>					

Filing Fee: \$25.00