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MAR 2 7 2017 A. S. YOUNG SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

20 mg	
TO: Registration Section Division of Corporations	
SUBJECT: OWN YCAR NOW, COM LLC Name of Limited Liability Company	
Name of Elimited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TODARIAN HARVEY Name of Person	
Name of Person	
DILLIAN CARA COMA 11C	
OWNMYCARNOW.COM LLC Firm/Company	
rangCompany	
4630 S. KIRKMAN RD #327	
Address	
ORLANDO FL 32811 City/State and Zip Code	7 <u>12</u>
City/State and Zip Code	
ABCMOMENT11@GMAIL · COM E-mail address: (to be used for future annual report notification)	至重
E-mail address: (to be used for future annual report notification)	万元
For further information concerning this matter places call.	Sar.
	77
ALEX LEWIS at 352 440 3424 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	, SA
	الم المحقق
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Certificate of Status & Certified Copy Certificate of Status &	

MAILING ADDRESS:

ALREADY SUBMITTED

4 MONEY ORDER

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	DOWN COI	VI LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records Liability Company)	<u>i.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000015494</u> .	were filed on 1/19/20) 7 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab OWN MYCARNOW. The new name must be distinguishable and contain the words "Limited Liabi	COM LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	= 25
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	MAR 13 AM 10:
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records	
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street addres:	· ·
		orida
	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 = M $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
	N/A		Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove
			Change Class
			AHETARI AHETARI AHETARI
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(If an effc <u>Note:</u> I	ve date, if other than the date of filing:	505.0 isted
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea 90th day after the record is filed.	rlier
	N / n ~	

Page 3 of 3

Filing Fee: \$25.00