

L17000016656

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC  
Account Number : I20080000061  
Phone : (407) 582-9830  
Fax Number : (407) 294-7677

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SHOW CAR MOTORS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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2017 JUN -7 PM 3:25

TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 JUN -7 AM 9:17

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHOW CAR MOTORS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAEL SILVA LOPES

Name of Person

SHOW CAR MOTORS LLC

Firm/Company

466 PALM DR

Address

OCOBEE, FL 34761

City/State and Zip Code

agpnetor@hotmail.com

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

For further information concerning this matter, please call:

RAFAEL SILVA LOPES

407

233-7350

Name of Person

at ( )

Area Code

Daytime Telephone Number

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SHOW CAR MOTORS 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 01/20/2017 and assigned Florida document number L17000016656.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Enter Florida street address

Florida

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**

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**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>
AMBR	AURELIO G PENTEADO NETO	466 PALM DR	<input checked="" type="checkbox"/> Add
		OCOE, FL 34761	<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

NONE

1. Introduction  
 2. Background  
 3. Methodology  
 4. Results  
 5. Conclusion  
 6. References  
 7. Appendix  
 8. Index  
 9. Glossary  
 10. Summary  
 11. Abstract  
 12. Keywords  
 13. Subject  
 14. Topic  
 15. Field  
 16. Area  
 17. Discipline  
 18. Branch  
 19. Department  
 20. Faculty  
 21. School  
 22. College  
 23. University  
 24. Institute  
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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)

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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 JUNE 05 2017

*Asst. Dir. of Public Health*

Signature of a member or authorized representative of a member

**AURELIO G PENTEADO NETO**

Typed or printed name of signee

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