

L17000156

Florida Department of State
Division of Corporations
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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 |
| Estimated Charge | \$25.00 |

2017 JUN -8 PM 4:45

TALLAHASSEE, FLORIDA

2017 JUN -8 PM 11:56
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TALLAHASSEE, FLORIDA

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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 fee(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

OCOE, 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

Name of Person

407

Area Code

233-7350

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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:

RAFAEL SILVA LOPES

New Registered Office Address:

466 PALM DR

Enter Florida street address

OCOE

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

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 type="checkbox"/> Add |
| | | OCOEE, FL 34761 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | CLAUDIO IGNACIO DA SILVA | 466 PALM DR | <input type="checkbox"/> Add |
| | | OCOEE, FL 34761 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NONE

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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).

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 08 2017

Signature of a member or authorized representative of a member

RAFAEL SILVA LOPES

Typed or printed name of signee