Mar 13 17 12:51p Accounting Guide & Taxes 3058261738 p.1 Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H17000069169 3))) H170000691693ABC6 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations 2017 MAR Fax Number : (850)617-6383 From: Account Name : FERNANDO JIMENO Account Number : 074553003252 ψ Phone : (305)826-1711 Fax Number : (305)826-1738 \triangleright က္ **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. LL I Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMII: 5 LANDCAR INVESTMENT LLC Certificate of Status 0 က Certified Copy Q 2017 HAR | Page Count 03 ALLAN \$25,00 Estimated Charge

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LAN	DCAR INVESTMENT LLC				
	(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records liability Company)	Ð		
The Articles of Or	ganization for this Limited Liability Company	were filed on 01/23/2017		and assig	ned
Florida document i	number17000017662				
This amendment is	submitted to amend the following:				
A. If amending n	ame, <u>enter the new name of the limited liab</u> j	lity company here:			
	diate shares and all the second states and				<u></u>
	e distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	or the aborev	ation "L.L.C	.
Enter new princip	bal offices address, if applicable:		<u> </u>	-13	
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B. If amending	the registered agent and/or registered of	fice address on our records.	enter the		the n
	nd/or the new registered office address here				
Name of I	New Registered Agent:				
New Regi	stered Office Address:				
1	and the second	Enter Florida street address			

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 dulies, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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Florida

Zip Code

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	<u>Name</u>	Address	Type of Action
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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 MARCH 13	$\Lambda = 0$, $\frac{20h7}{2}$	
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<u> </u>	Signature of a member or authorized representative of a member	
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	Typed or printed name of signee	

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