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SECRETARY OF STATE

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D BRUCE
JUL 06 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAR SHIPPERS OF AMERICA

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:

	DANIEL	contreras		
		Name of Person		
	CATE SI	tippers of Ann	enia_	
		Firm/Company		
	1001 NW 1001	nd St, Ste 203		
		Address		
	FOR Laud	erdale, Fi 3:	3309	
		City/State and Zip Code		
	anum (e. ca	rshippers ofame	na. um	
	E-mail address: (to be used for future annual report notifi	ication) $\succeq S$	
For further information co	oncerning this matter, please ca	all;	SECRETA ALLAHAS	Π
املصم	^		A CASA	t and and a
Daniel	contreras	ai ()	4682 W型 🖰	
Name of	Person	Area Code Daytime	Telephone Number	111
			LS	
Emple and the probability of the	- Callandina amanus		SA F	
Enclosed is a check for the	a following amount:		> co	
₩ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
№ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(ar shipper	s of		enica			
(Name of the Limited (A	Liability Comp Florida Limited	any as it no Liability Co	w appears on o ompany)	ur records.		
The Articles of Organization for this Limited Liab Florida document number <u>L</u> 1 0000 4590	ility Company 7_1	were file	ed on 02/2	17/2013	7 an	d assigned
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the	<u>e limited lial</u>	oility com	pany here:			
The new name must be distinguishable and contain the word	ls "Limited Liab	ility Compa	ny," the designa	tion "LLC" or th	e abbreviatio	on "L.L.C."
Enter new principal offices address, if applicab	le:					
<u>(Principal office address MUST BE A STREET A</u>	<u>4DDRESS)</u>					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			7 7	SECKETA	
B. If amending the registered agent and/or	registered o	ffice add	ress on our	, j	-3 Por Sthe na	me Che new
registered agent and/or the new registered offic				<u> </u>		
Name of New Registered Agent:	VDC	401	dings	LLC		
New Registered Office Address:	5920	NW	100m	Way		
•	Pa	rkla	Enter Florida str N O	eei address , Florida	330	46
		City			Zip C	:ode

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

MGR = Mai AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Juanc Rois	9045 Watercrest circle	L W □ Add
		Parkland, FL 33071	Remove
			Change
RA/AMB	r Juan C. Rois	9045 Watercrest circle	W _{□ Add}
		Parkland, Fi 33076	<u>■ Remove</u>
			Change
		•	Add
		<u> </u>	□ Remove
		E, FLORIE	Add
		>	∞ Change
			□ Add
			Remove
			Change
			Remove
			Change

' If amending Anthorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Iffective date, if other than the date of filing: Db·21·17 (optional) 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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. The 90th day after the record is filed.	
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The 90th day after the record is filed.	
The 90th day after the record is filed.	
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ated $00 \cdot 21$ 2017	
/ / Rd /	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00