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W. C. C.

COVER LETTER

Division of Corp	porations		
MIAMI AR SUBJECT:	T CARS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JOAO PEDRO VOLZ		
		Name of Person	-
	VD&T INTERNATIONA	L	
		Firm/Company	
	150 SE 2ND AVE SUITE	505	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	MANAGEMENT@VDTIN		
	E-mail address: (to be used for future annual report notific	ration)
For further information co	oncerning this matter, please co	all:	
JOAO PEDRO VOLZ		305 8781516	
Name o	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$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)

MAILING ADDRESS:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) (Company)
The Articles of Organization for this Limited Liability Company were	filed on 03/13/2017 and assigned
Florida document number <u>L17000055767</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2017
	See
Enter new mailing address, if applicable:	7 -0
(Mailing address MAY BE A POST OFFICE BOX)	The state of the s
	## 0
	18
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	iddress on our records, enter the name of the i
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
C_{i}	ity Zıp 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. Thereby 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>	Type of Action
P/T	PIRES DA CRUZ, CARLOS A	201 S. BISCAYNE BLVD	
		STE 105	
		MIAMI, FL 33131	☐ Change
MGR	TAMBASCO, RICARDO C	201 S. BISCAYNE BLVD.,	∃ Add
		STE. 105	☐ Remove
		MIAMI, FL 33131	☐ Change
			☐ Remove
			□ Change
			Add
			□ Remove
			Change ALL 2017 ALL 241
			32 marca
			Remove PR OAtange OAdd
			☐ Remove
			□ Change

				
			· · · ·	
	e date of filing: ist be specific and cannot b	be prior to date of filing or mapplicable statutory filin	(optional nore than 90 days after filing g requirements, this dat	l) ig.) Pursuant to 605.0 e-will not be listed
Of the date inserted in this beament's effective date on the factor of the factor o	clock does not meet the Department of State's re and effective date, b	ecords.	time, at 12:01 a.m	. on the earlier
1) The date inserted in this between the forment's effective date on the forment's effective date on the forment's effective date on the forment's effective date and the record specifies a delayer the record specifical forment.	clock does not meet the Department of State's re and effective date, b	ccords. ut not an effective t	ime, at 12:01 a.m	. on the earlier
If the date inserted in this between the formula of the formula	plock does not meet the Department of State's re and effective date, be cord is filed.	ccords. ut not an effective t	ime, at 12:01 a.m	
: If the date inserted in this be ment's effective date on the factorial specifies and elayer and the record specifies and elayer and	olock does not meet the Department of State's resided effective date, by cord is filed.	ccords. ut not an effective t		2017 1,A.L.
d	olock does not meet the Department of State's resided effective date, by cord is filed.	ut not an effective t		

Filing Fee: \$25.00