

L17 000076861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

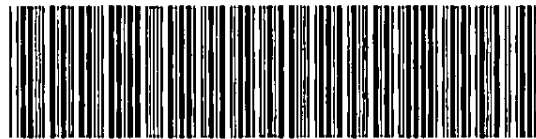
(Business Entity Name)

(Document Number)

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03/09/20--01027--028 **25.00

FILED
CLERK OF STATE
DEPARTMENT OF COMMERCE
2020 MAR 10 PM 2:27

Amend

MAR 24 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hollywood Motor World 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:

Lusmila Duval
Name of Person

Lusmila Duval
Firm/Company

1600 N State Rd 7 Suite A
Address

Hollywood FL 33021
City/State and Zip Code

luz.autoloansandcredit@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lusmila Duval at (754) 2463783
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA
JUN 10 2007

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Hollywood Motor World LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2014-12-16 PM 2:27
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12-16-2019 and assigned
Florida document number LI7000076861

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)

1600 N State Rd 7 Suite A
HOLLYWOOD FL 33021

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4131 Sterling Rd Apt 108
DAVIE FL 33314

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:

Lusmila Duval

New Registered Office Address:

4131 Sterling Rd Apt 108 Davie FL 33314

Enter Florida street address

Davie

City

Florida

33314

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.

Lusmila Duval

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Lusmila Duval	1600 N State Rd 7 Hollywood Fl 33021	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	ELIZABETH DUVAL	4701 SW 45th Street unit 14224 Davie Fl 33314	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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(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)

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 12-16-2019, 2019

Signature of a member or authorized representative of a member

Lusmila DuVal
Typed or printed name of signee

Filing Fee: \$25.00