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(Red	questor's Name)	
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(City	//State/Zip/Phone #)
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COVER LETTER

то:	Registration Sec Division of Cor			
emb iez		Cars of Miami LLC		
SUBJEC	.l:	Name of Lim	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Edgar M. Guanuna		
			Name of Person	
		Elite Motor Cars of Miam	ni LLC	
			Firm/Company	
		5700 NW 27th Ave		
			Address	
		Miami, FL 33142		
			City/State and Zip Code	
		guanunaedy@hotmail.com		
For furth	er information ed	t:-mail address; (i oncerning this matter, please ca	to be used for future annual report notificall:	ration)
Edgar N	M. Guanuna		801 3810885 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.0	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, F1, 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

Elite Motors Cars Of Miami 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 tiled on $\frac{07/03/2017}{1}$ and assigned Florida document number L17000143493 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 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: New Registered Office Address: 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 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.

City

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
MGR	Farid Santiago Guanuna	5700 NW 27th Ave Miami, FL 33	= Add
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ffective date, if other than an effective date is listed, the date	the date of filing:	Α	(optio	inal)	
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	Jul 25				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00