Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC

Account Number : 120080000061

Phone Fax Number

: (407)582-9830 : (407)294-7677

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEVEN CAR COMPANY, LLC

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Electronic Filing Menu

Corporate Filing Menu

HelpS. WARREN SEP 07 2017

COVER LETTER

| TQ: | Registration Section Division of Corporations | |
|----------|---|--|
| SUBJE | | |
| | Nam | e of Limited Liability Company |
| The end | closed Articles of Amendment and fee(s) | are submitted for filing. |
| Please r | eturn all correspondence concerning this | matter to the following: |
| | MARIA PINHEIR | i. O |
| | | Name of Person |
| | ALPHA BUSINES | S CONSULTING, LLC |
| | | Firm/Company |
| | 7022 CARLENE D | R ' |
| | | Address |
| | ORLANDO, FL 32 | |
| | - | City/State and Zip Code |
| | pinheiromaria@an.r | |
| | E-mail a | ddress: (to be used for future annual report notification) |
| For furt | her information concerning this matter, p | lease call: |
| MARIA | A PINHEIRO | 407 582-9330 at () |
| | Name of Person | Area Code Daytime Telephone Number |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| SEVEN CAR COMPANY, LLC | | | | |
|--|--|--|------------------------------------|--|
| (Name of the Lin | ited Liability Compa (A Florida Limited I | ny as it now appears on our re liability Company) | ecords.) | |
| The Articles of Organization for this Limited | | | and assigned | |
| This amendment is submitted to amend the fo | llowing: | | | |
| A. If amending name, enter the new name | of the limited liab | ility company here: | | |
| he new name must be distinguishable and contain the | words "Limited Liabil | lity Company," the designation | "LLC" or the abbreviation "L.L.C." | |
| The Articles of Organization for this Limited Liability Company were filed on O7/24/2017 Florida document number L17000156896 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our record registered agent and/or the new registered office address here: Name of New Registered Agent: | 14 OFFICE # 106 | | | |
| | | ORLANDO, FL 32819 | | |
| | | - | | |
| Enter new mailing address, if applicables | | 7350 FUTURES DR STE | 14 OFFICE # 106 | |
| 7 | Ξ <i>ΒΟΧ</i>) | ORLANDO, FL 32819 | | |
| | | ffice address on our rec | eords, enter the name of the | |
| egistered agent antifor the new registered | office and eas her | <u>.</u> | | |
| Name of New Registered Agent: | | | | |
| 1 | Name of New Registered Agent: | | | |
| New Registered Office Address: | 7350 FUTURE | p pic doll = 14 orings " | 100 | |
| New Registered Office Address: | 7350 FUTURE | Enter Florida street a | | |
| New Registered Office Address: | 7350 FUTURE | · · · · · · · · · · · · · · · · · · · | | |

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 Page 1 of 3

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action DbA □ _□ Remove _□ Change □ Remove Cl Change _□ Add □ Remove _ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

| NONE | | | | | | |
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| ctive date, if other than the effective date is listed, the date mu e: If the date inserted in this burnent's effective date on the E | lock does not n | sect the applica | n date of filing or mo ble statutory filing | (optio re than 90 days after requirements, this | filing.) Pursuant to 60 | 35.03 sted |
| ecord specifies a delayence 90th day after the rec | d effective d ord is filed. | ate, but not | ; an effective tii | me, at 12:01 a | .m. on the ear | lier |
| , SEPTEMBER 06 | | 2017 | | | | |
| d day | , | يىر سى | - · | | 7.5 | |
| CAY. | 1/4 | | 15 | | | _ |
| × × × / - / | Signature of 57 | nember of autho | fized representative of | of a member | 多事 | ์ เ เ |
| | (' | | | | <u></u> | Ì |
| MARCELO EL DE AI | | | | | F. S. 9: | |