117000216994

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

	Division of	Corporations		•	
SUBJEC		ANNCAR EQUIPMENT & PARTS LLC			
SUBJEC	-1· <u></u>	Name of L	imited Liability Compa	ny	
		es of Amendment and fec(s) are s			
Please re	turn all corr	respondence concerning this matt	er to the following:		
		CARLOS E. GALLARI	00		
			Name of Pers	on	
		ANNCAR EQUIPMEN	T & PARTS LLC		
Firm/Comp			Firm/Compa	у	
		11890 SW 8TH STREE	ТРН 5-С		
			Address		
		MIAMI, FL 33184			
			City/State and Zip	Code	
		SALES@ANNCAREQU		· · · · · · · · · · · · · · · · · · ·	
For furth	er informati	E-mail address ion concerning this matter, please	call	innual report notifi	cation)
CARLO	S E. GALL		786 at (319-1030	
	Na	me of Person	Area Cod	b Daytime	Telephone Number
Enclosed	l is a check t	for the following amount:			
\$25.0	00 Filing Fe	ce □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Co (additional cop	ру	□ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
		AILING ADDRESS:		REET/COURIE	
		gistration Section vision of Corporations		gistration Section	
	P.0	O. Box 6327	Cli	fton Building	
	Та	llahassee, FL 32314		Executive Cen Ilahassee, FL 323	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANNCAR FOUIPMENT & PARTS LLC

AMICAR EQUITMENT & TARTS ELE	
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on FLORIDA and assigned
Florida document number L17000216994	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address by the Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Age	
provisions of all statutes relative to the proper and comple	as provided for in Chapter 605, F.S. Or, if this document is
If C	hanging 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>Address</u> Type of Action <u>Title</u> <u>Name</u> . MGR GALLARDO, CARLOS E 3133 SW 147TH PLACE _□ Add MIAMI, FL 33185 ■ Remove ☐ Change 11890 SW 8TH STREET PH 5-C VALIDO, ANNALIE MGR □ Add MIAMI, FL 33184 Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Remove ☐ Change □ Add □ Remove ☐ Change

mending any other information, ente	r change(s) here:	Attach additional s	heets, if necessa	ury.)
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		<u> </u>		JAN -
				
			·	30
			-	
ctive date, if other than the date of fil	ling:		(optional	1)
effective date is listed, the date must be specific If the date inserted in this block does no ment's effective date on the Department of	ot meet the applicable	ate of filing or more tha statutory filing requ	n 90 days after filin irements, this dat	g.) Pursuant to 605.02 e will not be listed
ecord specifies a delayed effective e 90th day after the record is file	e date, but not a	n effective time,	at 12:01 a.m	. on the earlier
d JANUARY 5TH	2018			
		dd	ambar	
Stenature o	f a member or authorize	a representative of a m	cinoci	

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Filing Fee: \$25.00