Florida Department of State

Division of Corporations Electronic Filing Cove: Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6353

From:

Account Name : TAMLEAF.COM INC Account Number : 120140000084

: (305)541-3990 : (888)772-8198 Fax Number

**Enter the email address for this business entity to be used for further annual report mailings. Enter only one 'smail address please. ** 'n

Email Address:

(D)

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRUPO MWC Li鯰

Certificate of Status	0
Certified Copy	Ü
Page Count	03
Estimated Charge	\$25,00

Electronic Filing Menu

Corporate Filing Meiau

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Help

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ARTICLES OF AMEN MENT TO ARTICLES OF ORGANIZATION OF

GRUPO MWC LLC			
(Name of the Limited Lability Compan	y as it now appears on our records.) lability Company)		
		and ass	igned
This amendment is submitted to amend the following:			
A If amending name enter the new name of the limited liabil	Hty comonny here:		
A. It shirting name, care, the new terms of the new terms			
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or the ab	breviation "	L.C."
	,		III.
			T-4
[Principal office address into a De A Strate [1221225]		3	
		7.1	The second
E-to- new mailing address if applicable:	· Ei		U115
This amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation as registered agent and agree to act "I this capacity, I further agree to comply to hereby accept the appointment as registered agent and agree to act "I this capacity, I further agree to comply to provisions of all statutes relative to the proper and complete performence of my duties, and I om familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, If this docume 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.	-		
Transper money har be a root or rice work	name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ew principal offices address, if applicable: and office address MUST BE A STREET ADDRESS) we mailing address, if applicable: and address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:		
registered agent and/or the new registered office address here	ffice address on our records, <u>enter t</u> ;:	he name	of the new
New Registered Office Address:	Enter Florida street address		
	;¿'Cuy · Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, i	miliar wi f this doci ited liabil	in ana ument is ity
Page 1			

H18000165533 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>e</u>	Name	Address	Type of Ac
//BR	QUINONEZ PEREZ, JORGE M	6910 NW SOTH ST. #108	3175 O Add
		MIAMI, FL 33195	Remove
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Page 2 of 3

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f amending any other information,	enter change(s) nese. (Annen es	amoral stacis, y measury,
Effective data if other than the date	of filing:	(optional)
PHECUAE dipiet in other than the auto	prior to date of receipt or filed date and ca	mot be more than 90 days after
(The effective date must be specific, cannot be	Denominant of State)	
the due this document is filed by the Florida	Department of State)	
(The effective date must be specific, cannot be the date this document is filed by the Florida Dated MAY, 9TH	Department of State)	
the date this document is filed try the Florida	Department of State)	
Dated MAY, 9TH	Department of State)	
Dated MAY, 9TH	2018 nure of a member or authorized represe	

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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 : DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121

Phone : (305)758-9001

Fax Number

: (888)501-2390

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

Corporations@dcsmiami.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPEEDART MOTORSPORTS, LLC

Certificate of Status	1
Certified Copy	 0
Page Count	 01
Estimated Charge	\$30.00

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TO:

Registration Section

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COVER LETTER

Division of Corp	porations		
	T MOTORSPORTS, LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Janixa Ramos		
	 	Name of Person	
	Dealer Consulting Services	s, Inc.	
		Firm/Company	·
	7537 NW 7th Avenue		
		Address	
	Miami, FL 33150		
		City/State and Zip Code	
	Corporations@dcsmiami.co		
	E-mail address: (1	to be used for future annual report notif	(cation)
For further information of	oncerning this matter, please ca	all:	
Janixa Ramos		305 718-9001 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fer & 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/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

i.

ARTICLES OF AME DMENT TO ARTICLES OF ORGANIZATION OF

SPEEDART MOTORSPORTS, LLC	s species	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number L18000054738		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" o	r the abbreviation "L.L.C." . ,
Enter new principal offices address, if applicable:		2 4 2 6
(Principal office address MUST BE A STREET ADDRESS)	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) icles of Organization for this Limited Liability Company were filed on 03/01/2018 and assigned document number 18000054738 endment is submitted to amend the following: mending name, enter the new name of the limited liability company here: name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" are principal offices address, if applicable: pal office address MUST BE A STREET ADDRESS)	
	6.1.	
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records,	enter the name of the ne
	•	
Name of New Registered Agent:		
Name Bayletaned Office Address:		
New Registered Office Address.	Enter Florida street address	
	Flor	ida
No. 20. 14. 14. 14. 14. 15. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	•	

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.

If Changing Registered Agent, Signature of New Registered Agent

From. Sandra Perez Fax: (888) 501-2390

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>	Address	Type of Action
MGR	HONDROS, DEMETRIOS M	4775 COLLINS AVE G1004	
		MIAMI BEACH FL 33140	Петоvе
		5,8	☐ Change
MGR	XAKOUSTIS, ALEXANDROS	4775 COLLINS AVE G1004	Add
-		MIAMI BEAC ¹⁷ , FL 33140	□ Remove
			☐ Change
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idra Perez	Fax; (888) 501-2390	To: 8508176383@rcfax car	Fax: (850) 517-6350	Page 8 of 8 (05/3 (((1:	18000 18000	160497
). If amen	iding any other informa	tion, enter change(s) here:	(Attack additional sh	wets, if necessary.)	
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E. Effectiv	ve date, if other than the	date of filing:		(optional)		
(If an effe Note:	ctive date is listed, the date multi- if the date inserted in this b	st be specific and cannot be prior to lock does not meet the applicab	date of filing or more tha le statutory filing requ	n 90 days after filing.) irements, this date	Puisuan will not	to 605.02 be listed
docume	ent's effective date on the I	Department of State's records.				
f the rec b) The	ord specifies a delaye 90th day after the rec	d effective date, but not cord is filed.	an effective time,	at 12:01 a.m. (on the	earlier
	Maria	2018				
Dated_	MAY 24	2018	_•			
	/	× fillion)				

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Typed or printed name of signee

Filing Fee: \$25.00