

L180000006588

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000059844 3)))



H180000598443ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC
Account Number : I20080000061
Phone : (407)582-9930
Fax Number : (407)294-7677

FILED
18 FEB 26 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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
USA AUTO MOTORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

FEB 26 2018

MAY-09-2011 MON 04:47 PM
030-017-0301

2/23/2018 9:32:23 AM PAGE 1/001 fax server

P.001



February 23, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

USA AUTO MOTORS, LLC
4606 W COLONIAL DR
ORLANDO, FL 32808

SUBJECT: USA AUTO MOTORS, LLC
REF: L18000006588

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H18000059844
Letter Number: 818A00003770

RECEIVED

FEB 26 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: USA AUTO MOTORS, 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:

MARIA PINHEIRO

Name of Person

ALPHA BUSINESS CONSULTING, LLC

Firm/Company

7022 CARLENE DR

Address

ORLANDO, FL 32835

City/State and Zip Code

pinheiromaria@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA PINHEIRO

407

582-9830

at ()

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USA AUTO MOTORS, 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 filed on 01/08/2010 and assigned
Florida document number L18000006588

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:

5336 OLD WINTER GARDEN RD STE 4

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32811-1116

Enter new mailing address, if applicable:

5336 OLD WINTER GARDEN RD STE 4

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32811-1116

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:

5336 OLD WINTER GARDEN RD STE 4

Enter Florida street address

ORLANDO

Florida 32811-1116

City

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.

If Changing Registered Agent, Signature of New Registered Agent

FILED
FEB 26 2011
CLERK OF STATE
TALLAHASSEE
FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE CHANGE ADDRESS FOR AUTHORIZED TO MANAGE LLC:

TITLE: AMBR

ROGERIO K BEGO DA SILVA

5336 OLD WINTER GARDEN RD STE 4

ORLANDO, FL 32811-1116

TITLE: AP

THIAGO ALVES DE OLIVEIRA E SILVA

5336 OLD WINTER GARDEN RD STE 4

ORLANDO, FL 32811-1116

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 FEBRUARY 21

2018

Signature of a member or authorized representative of a member

ROGERIO K BEGO DA SILVA

Typed or printed name of signee

FILED
10 FEB 25 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA