

L18000026506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

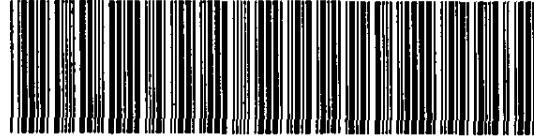
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
18 APR -9 AM 9:30

N COOPER

APR 10 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

AUTONATION CARRIERS NETWORK LLC

SUBJECT: _____
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:

MAIKEL GOMEZ

Name of Person

AUTONATION CARRIERS NETWORK LLC

Firm/Company

17933 OLD CHENEY HWY

Address

ORLANDO, FL 32820

City/State and Zip Code

mg@autonationcarriers.com

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

For further information concerning this matter, please call:

MAIKEL GOMEZ

305 712-0138

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**

AUTONATION CARRIERS NETWORK 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 01/30/2018 and assigned
Florida document number L18000026506.

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:

(Principal office address MUST BE A STREET ADDRESS)

MAIKEL GOMEZ
17933 OLD CHENEY HWY
ORLANDO FL 32820

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17933 OLD CHENEY HWY
ORLANDO FL 32820

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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: MAIKEL GOMEZ

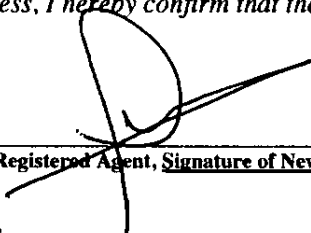
New Registered Office Address: 17933 OLD CHENEY HWY
Enter Florida street address

ORLANDO, Florida 32820
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



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>	<u>Type of Action</u>
CEO,P,D	DAYAMI CAMPOS GONZALEZ	2000 SALZEDO ST UNIT 1002	<input type="checkbox"/> Add
		MIAMI FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
T,S,MGR	DAYAMI CAMPOS GONZALEZ	2000 SALZEDO ST UNIT 1002	<input type="checkbox"/> Add
		MIAMI FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO,P	MAIKEL GOMEZ	17933 OLD CHENEY HWY	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32820	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
D,MGR	JOEL CABRERA PINERA	17933 OLD CHENEY HWY	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32820	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
T,S	JULIO E GONZALEZ	17933 OLD CHENEY HWY	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32820	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please add EIN 82-4781441

Multiple horizontal lines for amending information.

18 APR -9 1AM 9: 30

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TALLAHASSEE, FLORIDA

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 April, 5, 2018

Signature of a member or authorized representative of a member

MAIKEL GOMEZ

Typed or printed name of signee