118000038658

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COVER LETTER

Div	ision of Corp	orations								
SUBJECT:		S ORLANDO, LLC								
Name of Limited Liability Company										
The enclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing.							
Please return	all correspon	dence concerning this matter t	to the following:							
		FABIANA DE BARROS								
			Name of Person							
		LEGIR CONSULTING SE	RVICES LLC							
		<u></u>	Firm/Company							
		6735 CONROY RD UNIT	233							
			Address							
		ORLANDO-FL 32835								
		INFO@LEGITCS.COM	City/State and Zip Code							
		E-mail address: (t	o be used for future annual report notifi	cation)						
For further i	nformation co	ncerning this matter, please ca	all:							
FABIANA	DE BARROS		407 2852290 at ()							
	Name of	Person	Area Code Daytime	Telephone Number						
Enclosed is:	a check for the	e following amount:								
■ \$25.00 I	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:

TO:

Registration Section

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**

J & M CARS ORLANDO, LLC			<u></u>				
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	iny as it now appears on Liability Company)	our records.)				
The Articles of Organization for this Limited Liab	bility Company	were filed on $\frac{02/12/2}{}$	and assigned				
lorida document number 1.18000038658							
his amendment is submitted to amend the follow	ving:						
If amending name, enter the new name of t	he limited liab	ility company here:					
1/A							
he new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."				
inter new principal offices address, if applicat	ble:	N/A					
Principal office address MUST BE A STREET	(ADDRESS)						
			<u> </u>				
			75 TO NOV				
Enter new mailing address, if applicable:		N/A	(1)				
Mailing address MAY BE A POST OFFICE B	OX)		<u> </u>				
		_	72				
			<u> </u>				
 If amending the registered agent and/or egistered agent and/or the new registered offi 							
Name of New Registered Agent:	LUIS FERNANDO GARCIA						
New Registered Office Address:	2473 RUNYO						
		Enter Florida :					
	ORLANDO		, Florida <u>32837</u>				
		City	Zip Code				

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JOAO MANOEL DOS PASSOS	1124 MOSAIC DR	
		CELEBRATION-FL 34747	
			■ Remove
	LUCAC WASHIA ISHIDA	OCID FACE ALL DISCOUNTS	Change
AMBR	LUCAS YOSHIO ISHIDA	9612 EMERALD BERRY WAY	
		WINTER GARDEN, FL 34787	
		WATER CARRISON COST TWO	<u>Fara -</u> ⊞ Remove
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effective o e: If the	date is listed, date inserte	the date mused in this bl	date of filist be specific a	ind ca	innot be pet the ap	plicable	te of filin statutory	g or more / filing r	than 90 equirem	lays afte	ional) r filing.) is date v	Pursuar vill not	nt to 605.0
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			Signature of	u.s	3 14.	~> ~~oks	ر ويه	ė.			_		

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Filing Fee: \$25.00