

L 18000041140  
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.

((H18000270995 3)))



H180002709953ABC8

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 : ACCOUNT BOOKKEEPING CORP  
Account Number : I20120000055  
Phone : (407)898-1757  
Fax Number : (407)897-5336

FILED  
18 SEP 17 AM 7:50  
STATE OF FLORIDA  
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  
DRIVE CAR LLC

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

K. SALY  
SEP 18 2018

RECEIVED  
2018 SEP 17 PM 3:11

Electronic Filing Menu

Corporate Filing Menu

Help

H 18 000 2709953

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DRIVE CAR 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:

VANESSA ROSA  
\_\_\_\_\_  
Name of Person  
ACCOUNT BOOKKEEPING CORP  
\_\_\_\_\_  
Firm/Company  
5301 CONROY ROAD SUITE 140  
\_\_\_\_\_  
Address  
ORLANDO FL 32811  
\_\_\_\_\_  
City/State and Zip Code  
INFO@ABKCORP.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA ROSA at ( 407 ) 898-1757  
\_\_\_\_\_  
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

H 18 000 2709953

H180002709953

FILED  
18 SEP 17 AM 7:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

DRIVE CAR 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 02/14/2018 and assigned  
Florida document number 118000041140

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ADVANCED CONSULTING GROUP LLC

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

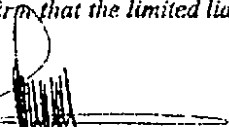
Name of New Registered Agent: ED WILSON SANTOS DE OLIVEIRA

New Registered Office Address: 1507 S. HIAWASSEE RD STE 212  
*Enter Florida street address*

ORLANDO, Florida 32836  
*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

H180002709953

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>
AMBR	JOSE ALEXANDRE ROLIM FILHO	1507 S. HIAWASSEE RD, STE 212 ORLANDO, FL 32835	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	JOSE RIVALDO DOS SANTOS	1507 S. HIAWASSEE RD, STE 212 ORLANDO, FL 32835	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	ROSIRENE BENTO DA COSTA DE OLIVEIRA	3167 PEQUOD PLACE KISSIMMEE 34746 FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	ED WILSON SANTOS DE OLIVEIRA	3167 PEQUOD PLACE KISSIMMEE 34746 FL	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

18 SEP 17 AM 7:50  
 STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA  
 FILED

438000270995 3

HJ 8000 27099 5 3

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

Lined area for amending information.

FILED  
18 SEP 17 AM 7:50  
STATE  
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 September 17, 2018

  
Signature of a member or authorized representative of a member

Typed or printed name of signer

HJ 8000 27099 5 3