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COVER LETTER

Registration Section

TO:

Division of C	orporations			
CARLUX	LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	LUIS TORRES			
		Name of Person		
	CARLUX LLC			
		Firm/Company		
	3318 SANDY SHORE L	ANE		A: 18
		Address	 	
	KISSIMMEE, FL 34743			AUG 13
	LUISTORRES19541954	City/State and Zip Code		AUG 13 M 8: 22
	E-mail address: (to be used for future annual report no	otification)	# 22 A 10 RID!
For further information	concerning this matter, please of	all:		
LUIS TORRES		407 683-3424		
Nam	e of Person		me Telephone Number	
Enclosed is a check for	r the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	oorations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARLUX LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed o	
Florida document number L18000060652	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company,"	"the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	5 T
Enter new mailing address, if applicable:	SS - 3 - E
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	22 IUA
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ss on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enle	er Florida street address
	, Florida
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>	Address	Type of Action
MGR	RENATO TORRES	3318 SANDY SHORE LANE	
		KISSIMMEE, FL 34743	■ Remove
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			Add
			Remove ALL Ghange
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record specifies a delay he 90th day after the r	ed effective dat ecord is filed.	e, but not an eff	fective time, at	12:01 a.m.	on the earlie	er c
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	Signature of a mer	mber of authorized rep	resentative of a mem	ber		
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		UIS TORRES uped or printed name of				

Page 3 of 3

Filing Fee: \$25.00