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COVER LETTER

TO:	Registration S Division of Co			io de la companya de
SUBJI	FL Car Fie	eld, LLC		19/12
		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Vilma Gonzalez		
			Name of Person	
		FL Car Field, LLC		
			Firm/Company	
		1107 S Orange Blossom T	rail	
			Address	
		Orlando, FL 32805		
		flcarfield@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For furt	her information co	oncerning this matter, please ca	all:	
Vilma (Gonzalez	<u> </u>	321 805-0092	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

FL Car Field, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

m		04/23/2018	and assigned
The Articles of Organization for this Limited I		ere filed on O4/23/2018	and assigned
Florida document number L18000101133			D C
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabilit	y 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 appli	cable: _		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>. BUX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of		e address on our reco	ords, enter the name of the new
Name of New Registered Agent:	Luis A Fermin		
New Registered Office Address:	6043 Bamboo Dr		
	-	Enter Florida street ad	dress
	Orlando		Florida <u>32807</u>
		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
AMBR	Luis A Fermin	6043 Bamboo Dr	Add
		Orlando. FL 32807	□ Remove
			Change
MGR	Humberto A Chirinos	1205 Honey Blossom Dr	Add
		Orlando, FL 32824	□ Remove
			Change
		-	Add
			□ Remove
			Remove
			Change
			Remove
			□ Change
			Add
			□ Remove
			Change

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Effective date, if other (If an effective date is listed, Note: If the date inserte document's effective date	the date must be specifed in this block does	fic and cannot be prior not meet the application	to date of filing or more able statutory filing re	(optional) than 90 days after filing.) Pursi quirements, this date will n	uant to 605.0207 (3) not be listed as the
the record specifies a) The 90th day afte	a delayed effecti r the record is fi	ive date, but no iled.	t an effective time	e, at 12:01 a.m. on th	ne earlier of:
Dated		2019			
	1.0 0				
	1.1 6		orized representative of a		

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Typed or printed name of signee

Filing Fee: \$25.00