L 18000115252

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Zip/Fillone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration So Division of Cor						
SUBJECT: Amazing Loxury Cars LIC Name of Limited Liability Company						
	Name of Lim	ged Chability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Wayne Willi	Name of Person	<u></u>			
	3	Name of Person				
	Amazina Luxi	ing Cois ILC				
		Firm/Company				
	1 10 0	Address				
	Miami FL 33	3054.				
		City/State and Zip Code				
	E-mail address: (to be used for future annual report notif	ication)			
For further information of	concerning this matter, please ca	all:				
Wayne	(Williams	at (<u>305</u>) <u>206 - 1</u> Area Code Daytime	757.			
J Name o	of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for t	he following amount:					
S25.00 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



(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 ______ and assigned Florida document number Ll8000115252 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 "LLC." 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: New Registered Office Address: Enter Florida street address

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.

City

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	Wayne Williams	1867 NW(S) St	Add		
	J	1867 NW (S) St Miami PL 33054.	□ Remove		
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Note:	etive date, if other than the date of filing: effective date is listed, the date must be specific and cate. If the date inserted in this block does not mee ment's effective date on the Department of State.	t the applicable statute		filing.) Pursuant to 605.0207 (3
	ecord specifies a delayed effective dat le 90th day after the record is filed.	e, but not an effe	ctive time, at 12:01 a	.m. on the earlier of:
Dated	d October 29	20 1 8	entative of a member	
		e Willian		

Page 3 of 3

Filing Fee: \$25.00