

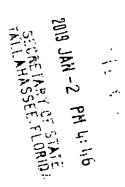
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Co			
CAR CEN	STERS, LLC		THE LANGE THE SECTION OF THE PARTY OF THE PA
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subt	mitted for filing.	1000 A
Please return all corresp	ondence concerning this matter	to the following:	
	RINO LEONE		
		Name of Person	
		Firm/Company	
	2445 SW 18TH ST UNIT	1	
		Address	
	MIAMI, FL 33145		
	rinoadrianleone@gmail.con		
		to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	111:	
RINO LEONE		786 9160186 at ()	
Name	of Person	Area Code Daytim	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF		•
ARTICLES OF O	RGANIZATION	DIS JAN 2 PH 4. 16
CAR CENTERS LLC		55 P
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Jiability Company)	500 F.
The Articles of Organization for this Limited Liability Company florida document number $\frac{L18000148796}{L18000148796}$.	were filed on 06/18/2018	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	i <u>lity company here</u> :	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	18951 NE 4th Ct	
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33179	
Enter new mailing address, if applicable:	18951 NE 4th Ct	
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33179	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	-
	Ciry	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LEONE, RINO	2445 SW 18TH ST UNIT 1	_□ Add
		MIAMI, FL 33145	Aud
			Remove
			Change
MGR	BARILLAS, CARLOS	18951 NE 4th Ct	Add
	Miami, FL 33179	Add	
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
		☐ Remove	
			☐ Change
		- 	☐ Add
			□ Remove
			Change

	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to a Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) late of filing or more than 90 days after filing.) Pursuant to 605.0207 (3), e statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not a (b) The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier of:
Dated	
Dated 12/30/18 Pino Leone Signature of a member or authorize	ed representative of a member
Signature of a member or authoriz	ed representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00