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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number : 120160000060 Phone : (407)674-8969 Fax Number : (407)674-8970 .

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 MARLINS DAKAR AUTO REPAIR LLC

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JUN 2 9 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF MARLINS DAKAR AUTO REPAIR LLC

The Articles of Organization for this Florida Limited Liability Company were filed on <u>07/02/2018</u> and assigned Florida document number: L18000160963

assigned 1 to the document number. L 10000 100903	
Article I	
A. If amending name, enter the new name of the limited liability company her	e;
The new name must be distinguishable and contain the words "Limited Liability designation "LLC" or the abbreviation "L.L.C."	y Company," the
Article II	
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)	2020 JUN
Article IV	· 25
B. If amending the registered agent and/or registered office address on our rename of the new registered agent and/or the new registered office address by	
Name of New Registered Agent:	यान हुन
New Registered Office 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	er agree to comply

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

Title	Name	Address	Type of Action	
AMBR	TAVARES DA SILVA, CARLOS ANIBAL	13502 BELLARIA CIRCLE	REMOVE T	
		WINDERMERE, FL 34786	ADD	
AMBR	NA HALIDOMERO, ADRIANA	43503 BELLADIA CIDELE	B51401/5 -	
AIVIDK	M BALDOMERO, ADRIANA	13502 BELLARIA CIRCLE	REMOVE	
		WINDERMERE, FL 34786	ADD	
AMBR	SAUAN, LUIZ ALBERTO	1457 SADDLERIDGE DR	REMOVE	
		ORLANDO, FL 32835	ADD	
AM8R	RIVAS MARQUEZ, HOMERO JOSE	3759 GRANDEWOOD BLVD, APT 323	REMOVE	
		ORLANDO, FL 32837	ADD	
AMBR	PERERO GUERRERO, HENDRICKSZ JOSE	180 CARDINAL DR	REMOVE	
AIIION	PENERO GUERNERO, NENDRIERAZ 103E	100 CANDINAL DA	KLINOVE 📋	
		CINCINNATI, OH 45244	ADD	
C. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: June 26th, 2020

Signature of a member or authorized representative of a member

Sergio Sa
Typed or printed name of signee