

L18000199077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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N COOPER

SEP 10 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RIO CARS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRUNA TREPIM LOPES

Name of Person

RIO CARS LLC

Firm/Company

4649 N DIXIE HWY

Address

DEERFIELD BEACH, FLORIDA-33442

City/State and Zip Code

RIOCARSFLORIDA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUNA TREPIM LOPES

954 815-5624
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

RIO CARS LLC

(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 L18000199077 and assigned Florida document number _____.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

BRUNA TREPIM LOPES

4649 N DIXIE HWY

POMPANO BEACH, FLORIDA-33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4649 N DIXIE HWY

POMPANO BEACH, FLORIDA - 33064

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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:

BRUNA TREPIM LOPES

New Registered Office Address:

4649 N DIXIE HWY

Enter Florida street address

POMPANO BEACH

City

Florida 33064

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>	<u>Address</u>	<u>Type of Action</u>
MGR	BRUNA TREPIM LOPES	4649 N DIXIE HWY	<input checked="" type="checkbox"/> Add
		POMPANO BEACH,FL-33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	CARLOS C SALLES	431 SE 13TH COURT #201	<input type="checkbox"/> Add
		DEERFIELD BEACH,FL-33441	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

DELETING CAROS C SALES (P)

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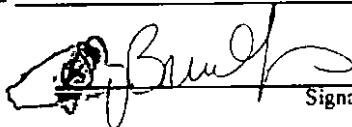
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

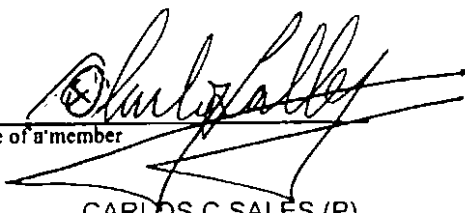
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 31 AUGUST, 2018



Signature of a member or authorized representative of a member

BRUNA TREPIM LOPES (MGR)



CARLOS C SALES (P)

Typed or printed name of signee