

10/31/2018 11:12 AM

Division of Corporations

No. 2940 P. 1

**LIBRARY**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H18000314456 3)))



H180003144563ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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  
THE CAR BOX LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2018 OCT 31 PM 12:46

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
THE CAR BOX LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 09/17/2018 and assigned Florida document number .

Florida document number: L18000219792.  
EIN Number: 36-4909869

**Article I**

**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 "L.L.C."

**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)*

---

**Article IV**

**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:

New Registered Agent's Signature, if changing 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
MGR	F T DE SOUZA, JOAO PEDRO	3869 HUNTER ISLE DR	REMOVE <input type="checkbox"/>
		ORLANDO, FL 32837	ADD <input checked="" type="checkbox"/>
AMBR	ANTONIO FERREIRA, MAURICIO	11848 GRAY ROCK TRAIL	REMOVE <input checked="" type="checkbox"/>
		WINDERMERE, FL 34786	ADD <input type="checkbox"/>
AMBR	VIDA REAL ESTATE INVESTMENTS LLC	770 NE 199TH STREET F202	REMOVE <input checked="" type="checkbox"/>
		N MIAMI BEACH, FL 33179	ADD <input type="checkbox"/>

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

E. 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: October, 29<sup>th</sup>, 2018

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

SERGIO SA  
 Typed or printed name of signee