118000259257

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COVER LETTER

TO: Registration So Division of Cor		No.		
	AR MIAMI LLC	••		
TOBJECT:	Name of Lim	ited Liability Company		
The anglesed Actions of	Amendment and fee(s) are sub	unitted for filing		
	ondence concerning this matter	_		
·	PRISCILLA GONZALEZ	_		
		Name of Person		2019 JA
	·	Firm/Company		
	4638 SANTA BARABAR			A 55
	CAPE CORAL, FL 33914	Address		2- 0
	FIERCECONSULTINGMI	City/State and Zip Code AMI@GMAIL.COM	2	
		to be used for future annua	l report notification)	
	oncerning this matter, please c			
PRISCILLA GONZALI		305 85	53-6475	
Name o	of Person	Area Code	Daytime Telephone	e Number
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er	nclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio	ING ADDRESS: ration Section on of Corporations	Registra Division	ET/COURIER ADDI ation Section n of Corporations	RESS:

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUNDOCAR MIAMI LLC						
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our reco ed Liability Company)	ords.)				
The Articles of Organization for this Limited Liability Compa	my were filed on 11/05/2018	and assigned				
lorida document number L18000259257						
his amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability company here:						
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L	LC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
Principal office address MUST BE A STREET ADDRESS)		-1 53				
Inter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE BOX)						
		F)				
		بر د				
3. If amending the registered agent and/or registered		• •				
egistered agent and/or the new registered office address h	nere:					
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street add	ress				
	,1	Florida				
	City	Zin 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>	Address	Type of Action
MGR	ANGEL HERNANDEZ	4970 SW 52 STREET BAY 319	
			= Add
		DAVIE, FL 33314	
			Remove
			Change
			
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record specifies a The 90th day afte			not an effect	tive time, at 1	2:01 a.m. oi	n the ear	lier o
DECEMBER 18		<u> 2018</u>	~~ /				
ted	173	$I \cdot M \cdot 1$	/ / 	1			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00