L180001767385

(Re	questor's Name)	
(Add	dress)	
(Ad-	dress)	
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

	Registration Se Division of Cor			
CHD IE7		S ORLANDO LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		JORGE EDUARDO SAI		
			Name of Person	- 1111 - 1
		GOT CARS ORLANDO	LLC	
			Firm/Company	 .
		2832 MICHIGAN AVE S		
		,	Address	··
		KISSIMMEE FL 34744		
			City/State and Zip Code	
		gotcarsorlando@gmail.co		Mid-family field
42 (2.1			to be used for biture an aial tep i or	otifican (n)
For furth	er information c	oncerning this matter, please c	all:	
JORGE	EDUARDO SA	ANTA MARIA PERALTA	786 828-1788	
	Name o	f Person	at (ine Telzohone Number
Enclosed	is a check for th	ne following amount:		
≣ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee 8. Certified Copy (additional copy (cen. Use))	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5		<u>Street Address:</u> Registrations	Section
	Division of C		Division et C	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Certif of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

	TICLES OF		• -	
GOT CARS ORLANDO LLC (Name of the Lim The Articles of Organization for this Limited I	TICLES OF C	ORGANIZAT OF	TON	
GOT CARS ORLANDO LLC				70 ,11
(Name of the Lim	ited Liability Compa (A Florida Limited	i <mark>ny ay it now ap</mark> o gar Tability Con pa i a	s on our records.)	9.3
The Articles of Organization for this Limited I Florida document number L18000267385	.iability Company	were filed or 11/	/15/2013	and assigned
This amendment is submitted to amend the fol	lowing:			· ·
A. If amending name, enter the new name of	of the limited liab	ility company be	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company " to de	esignatem "LLt" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE.	ET ADDRESS)			
			· · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			AN AVE SUITE (
(Mailing address MAY BE A POST OFFICE	SBOX)	KISSIMMEE FI	L 34744 	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ess here:	address on our re	ecords, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	JORGE EDU	ARDO SANTA MA	ARIA FIERALTA	
New Registered Office Address:	2832 MICHIG	AN AVE SUME S	}	
			ida stre caddress	·
	KISSIMMEE	Crv	Flori	ida 34744 Zip Code
				Zip Code
New Registered Agent's Signature, if changing				
I hereby accept the appointment as register provisions of all statutes relative to the propaction as register the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of provided for in (my fluies, and hapter 605, F.:	Tam familiar with and S. Or, if this document is

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
-AGENT	NICHOLAS VITTURI	_2832_MICHIGAN AVII SUITE G	□ Add
		KISSIMMEE FL (A 7 TA	
		·	□Change
			□Add
			□Remove
			☐ Change
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Filing Fee: \$25.00