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SECRETARY OF STALE

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COVER LETTER

	stration Sec sion of Corp				
	MC AUTO I	EXPORT LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of A	smendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	idence concerning this matter	to the following:		
		CIRILO RODULFO			
			Name of Person		
		MC AUTO EXPORT LLC			
			Firm/Company		
		9935 SW 56TH ST			
			Address		
		MIAMI, FL. 33165			
			City/State and Zip Code		
		MCAUTOIMPORTLLC@0	GMAIL.COM to be used for future annual report no	elfantion)	
For further in	formation co	n-mail address. ((meuron)	
CIRILO ROI	DULFO		786 303-6443		
	Name of	Person	Area Code Daytii	ne Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy raddinonal copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	ling Address		Street Address:	oction	
_	istration S ision of Co		Registration Section Division of Corporations		
Division of Corporations		The Centre of Tallahassee			

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MC AUTO EXPORT LLC		
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L19000074781	y Company were filed on MARCH 18, 2019	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
MC AUTO IMPORT LLC		
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		2020
(Principal office address MUST BE A STREET AD	DRESS)	A A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	red office address on our records, enter the	AR 8: 0
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete performance of my duties, and La Lagent as provided for in Chapter 605, F.S. ered office address, Lhereby confirm that th	am familiar with and 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>	Name	Address	Type of Action
	_		□Add
			□Remove
			□Add
			□Remove
			2008 mge SECTALLIAH
			AHASSEE TORIO
			□Remove
			□Change
			□Add
			□Remove
			□Change
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	3/4/2020			
Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	te of filing:	e of filing or more than 90 day	( <b>optional)</b> s after filing.) Pursuant to ts, this date will not be	605,020 listed a
e record specifies a delayed effective da rd is filed.	ae, but not an effective time, a	t 12:01 a.m. on the earlier	of: (b) The 90th day	after the
MARCH 4TH	2020			
Dated		1/2		
		1/5.		

Filing Fee: \$25.00