

## Florida Department of State

**L19000077156**

Division of Corporate Filings  
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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

**\*\*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**  
**MONSTER CARS LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

2022 AUG 26 AM 10:29

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AND  
FILED

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AUG 29 2022

C. Brumblay

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Monster 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:

Steven Rosenthal

\_\_\_\_\_  
Name of Person

Marx Rosenthal PLLC

\_\_\_\_\_  
Firm/Company

One SE Third Avenue, Suite 1210

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City/State and Zip Code

steve@marxrosenthal.com

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

For further information concerning this matter, please call:

Steven Rosenthal

786

378-8121

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Monster 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 March 19, 2019 and assigned  
Florida document number L19000077156

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

Enter new principal office address, if applicable:

1000 E. Atlantic Blvd., Suite 111

(Principal office address MUST BE A STREET ADDRESS)

Pompano Beach, FL 33060

Enter new mailing address, if applicable:

1000 E. Atlantic Blvd., Suite 111

(Mailing address MAY BE A POST OFFICE BOX)

Pompano Beach, FL 33060

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:

Jacobo Ducaas Rubio

New Registered Office Address:

1000 E. Atlantic Blvd., Suite 111

Enter Florida street address

Pompano Beach

Florida 33060

City

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)

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TALLAHASSEE, FLORIDA

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          | Jacobo Duenas Rubio | 1000 E. Atlantic Blvd., Suite 111 | <input checked="" type="checkbox"/> Add    |
|              |                     | Pompano Beach, FL 33060           | <input type="checkbox"/> Remove            |
|              |                     |                                   | <input type="checkbox"/> Change            |
| MGR          | Dennis Helper       | 1551 N Powerline Rd               | <input type="checkbox"/> Add               |
|              |                     | Pompano Beach, FL 33069           | <input checked="" type="checkbox"/> Remove |
|              |                     |                                   | <input type="checkbox"/> Change            |
| MGR          | Maria Canal         | 1551 N Powerline Rd               | <input type="checkbox"/> Add               |
|              |                     | Pompano Beach, FL 33069           | <input checked="" type="checkbox"/> Remove |
|              |                     |                                   | <input type="checkbox"/> Change            |
|              |                     |                                   | <input type="checkbox"/> Add               |
|              |                     |                                   | <input type="checkbox"/> Remove            |
|              |                     |                                   | <input type="checkbox"/> Change            |
|              |                     |                                   | <input type="checkbox"/> Add               |
|              |                     |                                   | <input type="checkbox"/> Remove            |
|              |                     |                                   | <input type="checkbox"/> Change            |
|              |                     |                                   | <input type="checkbox"/> Add               |
|              |                     |                                   | <input type="checkbox"/> Remove            |
|              |                     |                                   | <input type="checkbox"/> Change            |

[illegible]

**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.

Dated August 25, 2022

August 25, 2022

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**