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COVER LETTER

TO:	Registration Secti Division of Corpo		ď	
SUBJ	ECT:	Premier /	lylomotice of Mi	८.१७ ।
		Name of Limi	ted Daoliny Company	
The ei	nclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please	return all correspond	ence concerning this matter t	o the following:	
			Name of Person	٠٢
		Pro	rmies Automotive o	(Mr.m.
		1900 S 7500	Address Uni	28
		North BAY	Village FL 3314 City/State and Zip Code	1
		E-mail address: (to	City/State and Zip Code • Caulo wolve Miami P o be used for future annual report not	and - (on
For fu	rther information con-	cerning this matter, please ca	11:	
	Jesema	ch Rodriguez	at (<u>\$\frac{1}{2}\text{O}\text{O}\text{O}\text{O}}\text{Daytin}</u>	6-9330
	Name of P	erson	Area Code Dayun	e Telephone Number
Enclo	sed is a check for the	following amount:		
₽ \$2	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia (A Flo	hility Company as	it now appearly Company)	rs on our	records.)	LL	<u></u>	
The Articles of Organization for this Limited Liability Florida document number				1, 25,	2019	and assig	med
This amendment is submitted to amend the following	:						
A. If amending name, enter the new name of the l	imited liability	company h	<u>ere</u> :				
The new name must be distinguishable and contain the words "I	Limited Liability Co	ompany," the o	designation	n "LLC" or (the abbrev	iation "L.L.	C."
Enter new principal offices address, if applicable:		434	1 1	É	19151	5+	
(Principal office address MUST BE A STREET AD	DRESS)	434 Min	·1.	FL	3316	,9	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	 				279	3 13 105 15	* 1
B. If amending the registered agent and/or re registered agent and/or the new registered office a		address or	our re	ecords, <u>ei</u>	nter the	_ •	the new
Name of New Registered Agent:	600	- fr	1-14	11: 2	70	1/AS	
New Registered Office Address:	434	NE	rida strect	+ 5+			
	Meam.	ishter i to	riau sireci		a	3316 ⁰	<u></u>
New Registered Agent's Signature, if changing Register		Σίφ				Zip Code	
I hereby accept the appointment as registered age 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	nt and agree to l complete perfo l agent as provi cred office addi	ormance of ded for in (^e my duti Chapter	es, and 1. 605, F.S.	am fami Or, if ti	iliar with his docum	and tent 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
MGZ	Groson Rodriguez	1900 S Trasures Prive . North Bry Why R 33141	22 Daw
			Remove
			Change
			□ Add
			Remove
			☐ Change
			
			Remove
			Change
-			□ Add
			Remove
			Change
	•		
			Remove
			Change
			🗆 Remove
			□ Change

(If an e : <u>Note</u>	ffective date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 Aug 10 Za19.
	Signature of a member or authorized representative of a member Learned Learned Typed or printed name of signee

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Filing Fee: \$25.00