## 119000 114 080

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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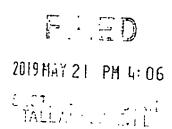
R. WHITE JUN 1 0 2019

## **COVER LETTER**

	Registration Sec Division of Corp			
		ECE AUTO LLC		
SUBJEC	2T:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-		
Please re	tum all correspo	ndence concerning this matter	to the following:	
		UMUT EMIRLER		
		<del></del>	Name of Person	
		MASTERPIECE AUTO L	LC	
		<del></del>	Firm/Company	
		C/O 164 20TH ST, SUITE	4E	
			Address	
		BROOKLYN, NY 11232		
		INFO@OGCPAFIRM.COM	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notif	lication)
For furth	ner information co	oncerning this matter, please ca	all:	
OLEG C	GORSHKOV, CF	PA .	718 788-1327	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed	d is a check for th	ne 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)
	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

Ja var

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MASTERPIECE AUTO LLC

(Name of the Limited Liability Company as it now appears on our records.)

(Α)	Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi Florida document number L19000114080	ility Company were filed on 05/03/20	and assigned	
This amendment is submitted to amend the followi	ing:		
A. If amending name, enter the new name of th	ne limited liability company here:		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	registered office address on our		
	Florida		
•	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Reg	zistered Agent:		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete performance of my a red agent as provided for in Chapi gistered office address, I hereby co	luties, and I am familiar with and ter 605, F.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
MGR	SINAN SAIP BEL	16560 NW 10TH AVENUE MIAMI, FL 33169	≅ Add
			Remove
			☐ Change
			□ Remove
			Change
		□ Remove	
			☐ Change
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		D Add	
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			□ Change
		☐ Add	
			Remove
			Cherus

	05/03/2019
. Effec	tive date, if other than the date of filing: (optional)
Note	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docu	ment's effective date on the Department of State's records.
the ro	ecord specifies a delayed effective date, but not an effective time, at $12:01 \text{ a.m.}$ on the earlier of: e 90th day after the record is filed $\wedge$
	1 11
Date	d MAY 10TH 2019
Date	· · · · · · · · · · · · · · · · · · ·
	Viling
	Signature of a member or authorized representative of a member
	UMUT EMIRLER
	Typed or printed name of signee

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Filing Fee: \$25.00