

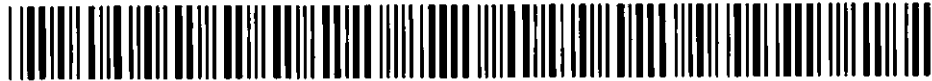
10/27/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : SOUSA & ASSOCIATES INC
Account Number : I20190000111
Phone : (407)800-7028
Fax Number : (407)992-9407

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2020 NOV -2 PM 3:44

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AUTO ALLIANCE CARS LLC**

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COVER LETTER

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TO: **Registration Section**
Division of Corporations

SUBJECT: AUTO ALLIANCE 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.

Maria C Sousa

Name of Person

Sousa & Associates

Firm/Company

5728 Major Blvd ste 309

Address

Orlando FL, 32819

City/State and Zip Code

documents@sousanassociates.com

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

For further information concerning this matter, please call:

Maria C Sousa

407 8007028

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

{{(H120060373684 3)}}

2. JNC - 2 P. 12. 14

AUTO ALLIANCE 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 12/19/2019 and assigned Florida document number L20000002200.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Alliance Services 7 LLC

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 offices address, if applicable:

542 Bohannon Blvd

(Principal office address MUST BE A STREET ADDRESS)

Orlando FL. 32824

Enter new mailing address, if applicable:

5728 Major Blvd ste 309

(Mailing address MAY BE A POST OFFICE BOX)

Orlando FL, 32819

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

11/2/2014 11:14

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Massamitsu Esaki, Marcio	5728 Major Blvd, ste 309	<input type="checkbox"/> Add
		Orlando FL, 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Regenes Silva, Roberto	5728 Major Blvd, ste 309	<input type="checkbox"/> Add
		Orlando FL, 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Almeida, Misael	542 Bohannon Blvd	<input checked="" type="checkbox"/> Add
		Orlando FL, 32824	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2012-14

F. Effective date, if other than the date of filing: _____ (optional)

(If an 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 605.0107 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 27, 2020

Guilherme
Marsael Callego de Almeida (10/11/2020 15:21 EDT)

Signature of a member or authorized representative of a member

Misael Almeida

Typed or printed name of signee