h20000012023

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SECRETARY OF STATE

T. MATTHEWS JUN 2 1 2022

COVER LETTER

TO: Registration Section Division of Corporations

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SHIPPING CARS AND ME LLC

SUBJECT: _

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:

CARLOS PAREDES ARQUIOLA

Name of Person

SHIPPING CARS AND ME LLC

Firm/Company

3255 NW 103 CT

Address

DORAL FLORIDA 33172

City/State and Zip Code

INFO@IMTAXADVISORS.COM

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Solution Status & Solution Status & Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF	AMENDMENT
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ARTICLES OF O	RGANIZATION TARY US STATE PROANIZATION TARY US STATE DIVISION OF CORPORATION
0	F DIVISION OF CONTOUR
	22 APR 29 PH 1: 02
SHIPPING CARS AND ME LLC	
(Name of the Limited Liability Compa (A Florida Limited I	<u>ny as it now appears on our records.</u>) Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{01/17/2020}{2}$ and assigned
Florida document number L20000012023	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u> i	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicables	3255 NW 103 CT
Enter new principal offices address, if applicable:	DORAL, FLORIDA 33172
<u>(Principal office address MUST BE A STREET ADDRESS)</u>	
	3255 NW 103 CT
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	
	DORAL, FLORIDA 33172
B. If amending the registered agent and/or registered office a	iddress on our records, <u>enter the name of the new registered</u>
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 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
MGR	MONTALT, EZEQUIEL	3255 NW 103 CT	🗆 Add
		DORAL, FL 33172	
		. <u> </u>	🗆 Change
<u> </u>			🗆 Add
			⊡Add
			□Change
			🖸 Add
		<u> </u>	
			🗆 Add
			Change
			🖸 Add

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

ve date, if other than the date of filing:	(optional)
	· · · · · · · · · · · · · · · · · · ·

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.

MARCH 28	2022
Dated	· · · · · · · · · · · · · · · · · · ·

Signature of a member or authorized representative of a member

CARLOS PAREDES ARQUIOLA

Typed or printed name of signee