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COVER LETTER

CUBICOT	HP, ELC		
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	ROBERT J. TAMBU	JRRO	
	ROBERT J. TAMBU	Name of Person JRRO, PA	·
		Firm/Company	
	401 SUNSHINE BLV	VD.	
		Address	
	LADY LAKE, FL 32	159	
		City/State and Zip Code	
	Rtamburro1@c		
	E-mail address: (to be used for future annual report notif	fication)
For further information o	concerning this matter, please c	all:	
ROBERT J. TAMBURR	0		
Name o	f Person	at (<u>321</u>) <u>332-3477</u> Area Code Daytimo	e Telephone Number
Enclosed is a check for the	he 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:

TO:

Registration Section Division of Corporations

> 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

2020 F1: 10 P1: 12: 30

CARS MIP, LLC	nited Lighility Company as it now appears on our records
(<u>:-unic 0) (;;; 2:iii</u>	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
he Articles of Organization for this Limited	Liability Company were filed on <u>JANUARY 22, 2020</u> and assigned
orida document number_L20000028019_	
nis amendment is submitted to amend the fo	following:
If amending name, enter the new name	of the limited liability company here:
e new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
iter new principal offices address, if appli	icable:
rincipal office address MUST BE A STRE	ET ADDRESS)
ter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE	E BOX
If amending the registered agent and/o	r registered office address on our records, enter the name of the new
istered agent and/or the new registered o	
Name of New Registered Agent:	ROBERT J. TAMBURRO, P.A.
New Registered Office Address:	401 SUNSHINE BLVD
	Enter Florida street address
	LADY LAKE, Florida 32159
	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

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	ROBERT J. TAMBURRO, P.A.	[401 SUNSHINE BLVD, LADY LAKE, FL 32159]	XX Add
		·	Remove
			Change
MGR ———	ROBERT J. TAMBURRO	401 SUNSHINE BLVD. LADY LAKE, FL 32159	Add
			XX□ Remove
			Change
			Add
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[ffecti	ve date, if other than the date of filing:(optional)
i an eft	ective 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 ent's effective date on the Department of State's records.
e red	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
	90th day after the record is filed.
Dated	February 6, 2020

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00