L20000164111

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PłCK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations			
Iglesias Au	to Sales LLC			
SUBJECT:				
	Name of Lim	ited Liability Company		
TT	4 1 . 15 ()	1 6 751		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Orestes Iglesias			
		Name of Person		
		Firm/Company		
	9737 NW 41 St # 317			
		Address		
	Doral, FL 33178			
		0: 0: 12: 0.1		
	mialimo@bellsouth.net	City/State and Zip Code		
			2****	
	E-mail address: (to be used for future annual report noti	ncation)	
For further information c	oncerning this matter, please c	all:		
Orestes Iglesias		305 717-8983		
···		at ()	e Telephone Number	
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
	-			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &	
	John Mary Commo	(additional copy is enclosed)	Certified Copy	
			(additional copy is enclosed)	
Mailing Addres		Street Address:	.•	
Registration S		Registration Section Division of Corporations		
Division of C P.O. Box 632			•	
1.0.100.004	· #	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Iglesias Auto Sales LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) _____ and assigned Florida document number _____L20000164171 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 6941 NW 82nd Ave Miami FL 33166 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
		N/A	Add
			□Remove
			□Change
			
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		June 18, 20			
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record specifies a delayed effect is filed.	tive date, but no	ot an effective t	ime, at 12:01 a.	n. on the earlier of: (b)	The 90th day after the
July 6		2020			
ated	/ / /	·)	·		
L.	wh				
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Typed or printed name of signee