K21000196507

(Requestor's Name)
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COVER LETTER

Div	ision of Corp	porations				
SUBJECT:		CAR CLUB, LLC	\$	-		
Sobile (Name of Lim	ited Liability Company			
The enclosed	l Articles of A	Amendment and fec(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Robert W. Rodriguez				
			Name of Person			
	Robert W. Rodriguez, P.A.					
	Firm/Company					
4909 SW 74 Court						
		Address				
		Miami, FL 33155				
		City/State and Zip Code				
		tonyramos313@gmail.com E-mail address: (1	to be used for future annual report notifi	ication)		
For further in	nformation co	oncerning this matter, please ca	all:			
Tony Ramos	;		786 478-3572			
	Name of	Person		Telephone Number		
Enclosed is a	check for the	e following amount:				
■ \$25.00 H	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.)		
	iling Address		Street Address:			
Re	vietration S	ection	Registration Sec	tion		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21 SET -7 MM 9: 43

C8 MIAMI CAR CLUB, 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 I Florida document number L21000196507		were filed on $\frac{4-27-2021}{}$		_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:	registered office a		, enter the name o	of the new registered
-	4909 SW 74 Co	urt		
New Registered Office Address:	New Registered Office Address: 4909 SW /4 Court Enter Florida street address			
	Miami		, Florida ³³¹⁵⁵	
New Registered Agent's Signature, if changing	Registered Agent:	City		Zip Code
I hereby accept the appointment as registery provisions of all statutes relative to the propactions of the obligations of my position as regularing filed to merely reflect a change in the company has been notified in writing of this	per and complete pistered agent as p pregistered office	performance of my du rovided for in Chapte.	ties, and I am fan. r 605, F.S. Or, if i	niliar with and 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 = Max $AMBR = Aut$	nager :horized Member		21 SEF -7 AH 9: 43	
<u>Title</u>	Name	Address	21 SEF -7 AM 9: 43	Type of Action
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1	New Principal Address: 4909 SW 74 Court, Miami, FL 33155 21 SET -7 MS S: 43
- 1	New Mailing Address: 4909 SW 74 Court, Miami, FL 33155
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Note:	August 31, 2021 (optional) 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 the ent's effective date on the Department of State's records.
e recor rd is fi	d 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 ed.
Dated	August 31 2021
	1/1/2 1/1/1/200

Filing Fee: \$25.00