

7/28/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H21000287161 3)))



H210002871613ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : AMERICA TAX & ACCOUNTING CORP  
Account Number : I20200000107  
Phone : (305)900-9225  
Fax Number : (786)541-8425

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

Email Address: americataxacc@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CARDEALERSHIP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2021 JUL 28 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

BB 7/28/21

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CARDEALERSHIP 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 05/27/2021 and assigned  
Florida document number L21000248919

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JORGE R AURICH	2140 NE 171 STREET	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUZ ANGELA CRUZ CELIS	2140 NE 171 STREET	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	INES AMORES AGUIRRE	2140 NE 171 STREET	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1. Introduction  
 2. Background  
 3. Methodology  
 4. Results  
 5. Discussion  
 6. Conclusion  
 7. References  
 8. Appendix  
 9. Index  
 10. Table of Contents  
 11. Figure 1  
 12. Figure 2  
 13. Figure 3  
 14. Figure 4  
 15. Figure 5  
 16. Figure 6  
 17. Figure 7  
 18. Figure 8  
 19. Figure 9  
 20. Figure 10  
 21. Figure 11  
 22. Figure 12  
 23. Figure 13  
 24. Figure 14  
 25. Figure 15  
 26. Figure 16  
 27. Figure 17  
 28. Figure 18  
 29. Figure 19  
 30. Figure 20  
 31. Figure 21  
 32. Figure 22  
 33. Figure 23  
 34. Figure 24  
 35. Figure 25  
 36. Figure 26  
 37. Figure 27  
 38. Figure 28  
 39. Figure 29  
 40. Figure 30  
 41. Figure 31  
 42. Figure 32  
 43. Figure 33  
 44. Figure 34  
 45. Figure 35  
 46. Figure 36  
 47. Figure 37  
 48. Figure 38  
 49. Figure 39  
 50. Figure 40  
 51. Figure 41  
 52. Figure 42  
 53. Figure 43  
 54. Figure 44  
 55. Figure 45  
 56. Figure 46  
 57. Figure 47  
 58. Figure 48  
 59. Figure 49  
 60. Figure 50  
 61. Figure 51  
 62. Figure 52  
 63. Figure 53  
 64. Figure 54  
 65. Figure 55  
 66. Figure 56  
 67. Figure 57  
 68. Figure 58  
 69. Figure 59  
 70. Figure 60  
 71. Figure 61  
 72. Figure 62  
 73. Figure 63  
 74. Figure 64  
 75. Figure 65  
 76. Figure 66  
 77. Figure 67  
 78. Figure 68  
 79. Figure 69  
 80. Figure 70  
 81. Figure 71  
 82. Figure 72  
 83. Figure 73  
 84. Figure 74  
 85. Figure 75  
 86. Figure 76  
 87. Figure 77  
 88. Figure 78  
 89. Figure 79  
 90. Figure 80  
 91. Figure 81  
 92. Figure 82  
 93. Figure 83  
 94. Figure 84  
 95. Figure 85  
 96. Figure 86  
 97. Figure 87  
 98. Figure 88  
 99. Figure 89  
 100. Figure 90  
 101. Figure 91  
 102. Figure 92  
 103. Figure 93  
 104. Figure 94  
 105. Figure 95  
 106. Figure 96  
 107. Figure 97  
 108. Figure 98  
 109. Figure 99  
 110. Figure 100  
 111. Figure 101  
 112. Figure 102  
 113. Figure 103  
 114. Figure 104  
 115. Figure 105  
 116. Figure 106  
 117. Figure 107  
 118. Figure 108  
 119. Figure 109  
 120. Figure 110  
 121. Figure 111  
 122. Figure 112  
 123. Figure 113  
 124. Figure 114  
 125. Figure 115  
 126. Figure 116  
 127. Figure 117  
 128. Figure 118  
 129. Figure 119  
 130. Figure 120  
 131. Figure 121  
 132. Figure 122  
 133. Figure 123  
 134. Figure 124  
 135. Figure 125  
 136. Figure 126  
 137. Figure 127  
 138. Figure 128  
 139. Figure 129  
 140. Figure 130  
 141. Figure 131  
 142. Figure 132  
 143. Figure 133  
 144. Figure 134  
 145. Figure 135  
 146. Figure 136  
 147. Figure 137  
 148. Figure 138  
 149. Figure 139  
 150. Figure 140  
 151. Figure 141  
 152. Figure 142  
 153. Figure 143  
 154. Figure 144  
 155. Figure 145  
 156. Figure 146  
 157. Figure 147  
 158. Figure 148  
 159. Figure 149  
 160. Figure 150  
 161. Figure 151  
 162. Figure 152  
 163. Figure 153  
 164. Figure 154  
 165. Figure 155  
 166. Figure 156  
 167. Figure 157  
 168. Figure 158  
 169. Figure 159  
 170. Figure 160  
 171. Figure 161  
 172. Figure 162  
 173. Figure 163  
 174. Figure 164  
 175. Figure 165  
 176. Figure 166  
 177. Figure 167  
 178. Figure 168  
 179. Figure 169  
 180. Figure 170  
 181. Figure 171  
 182. Figure 172  
 183. Figure 173  
 184. Figure 174  
 185. Figure 175  
 186. Figure 176  
 187. Figure 177  
 188. Figure 178  
 189. Figure 179  
 190. Figure 180  
 191. Figure 181  
 192. Figure 182  
 193. Figure 183  
 194. Figure 184  
 195. Figure 185  
 196. Figure 186  
 197. Figure 187  
 198. Figure 188  
 199. Figure 189  
 200. Figure 190  
 201. Figure 191  
 202. Figure 192  
 203. Figure 193  
 204. Figure 194  
 205. Figure 195  
 206. Figure 196  
 207. Figure 197  
 208. Figure 198  
 209. Figure 199  
 210. Figure 200  
 211. Figure 201  
 212. Figure 202  
 213. Figure 203  
 214. Figure 204  
 215. Figure 205  
 216. Figure 206  
 217. Figure 207  
 218

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 JUL 28 PM 4:10

丁巳

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 JULY 21, 2021

Summary of a meeting of all or of a representative of a member

JUAN P ENIGUEZ

Typed or printed name of signor