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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040 Fax Number : (407)520-5473

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Email	Address:			
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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

EDICAR TRANSPORT 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: EDISON CARDENAS CARVAJAL Name of Person EDICAR TRANSPORT LLC Firm/Company 1438 PINE RIDGE DR DAVENPORT, FL 33896 City/State and Zip Code edicar.transports@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Edison Cardenas Carvajal Name of Person Enclosed is a check for the following amount: **≦** \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fcc, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

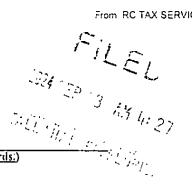
Malling Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



EDICAR TRANSPORT LLC

- (Name of the Lim	ited Liability Compa (A Florida Limited i	iny as it now appears on ou Liability Company);	r records:)
The Articles of Organization for this Limited I Florida document number 1.22000243498	iability Company	were filed on	2 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			
			on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli		7420 MOLOKAI ST ORLANDO, FL 32822	
(Principal office address MUST BE A STRE.	Principal office address MUST BE A STREET ADDRESS)		
		:	
Enter new mailing address, if applicable:		7420 MOLOKAI ST	
(Mailing address MAY BE A POST OFFICE BOX)		ORLANDO, FL 32822	
			
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office : ess here: :	address on our records	, enter the name of the new registe
Name of New Registered Agent:	DAVID GUILI	LERMO BRUNO SERRA	NO
New Registered Office Address:	7420 MOLOK	AI ST	
		Enter Florida stree	et address
	ORLANDO		, Florida . 32822
		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

To: Sunbiz+

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14075205473

From, RC TAX SERVICE

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person heling added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Edison Cardenas Carvajal	1438 PINE RIDGE DR	DAdd
· <u>-</u> -		DAVENPORT, FL 33896	,\\ \exists Remove
	r		
AMBR	David Guillermo Bruno Serrano	7420 MOLOKAI ST	≘Add
	-	ORLANDO, FL 32822	<u> </u>
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ecord speci	fies a delayed effective date, but no	ot an effective time, at	12:01 a.m. on the earlie	r of: (b) The 90th da	v after the
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Filing Fee: \$25.00