L2300025556

(Requestor's Name)	
(Address)	-
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer	
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COVER LETTER

TO:

Registration Section

Division of Cor	porations	>		
	S MIAMELLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LUCIANO IOEL RICCU	rrı		
		Name of Person		
	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: LUCIANO JOEL RICCIUT! Name of Person			
	1510 BAY ROAD, APT 5	01		
		Address		
	MIAMI BEACH, FL. 331.	39		
	CDLAZ@DCIVITAY COM	- "		
			otification)	
For further information c		·		
LUCIANO JOEL RICCI	UTI			
Name o	f Person	Area Code Dayti	ime Telephone Number	
Enclosed is a check for th	ne following amount:			
	■ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy	
<u>Mailing Addres</u> Registration S			Section	
Division of Corporations		Division of Corporations		
P.O. Box 632				
Tallahassee, I	"L 04314	Z410 IN. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAR KINGS MIAMI 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 $\frac{5/24/2023}{1}$ _____ and assigned Florida document number L23000255556 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 "L.L.C." 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 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>	Address	Type of Action
MGR	RICCIUTI, LUCIANO JOEL	1510 BAY ROAD, APT 501	□Add
		MIAMI BEACH, FL. 33139	□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	s block does not meet	the applicable statu	iling or more than 90 tory filing requirem	(optional) days after filing.) Pursuan ents. this date will not	t to 605.0207 be listed as
he record specifies a delayed effe ord is filed.	ective date, but not an	effective time, at 12	:01 a.m. on the earl	ier of: (b) The 90th d	ay after the
Dated	2	923			
					
	- [STA]/	her or authorized ren	esentative of a memb	ur	
	existrating of a frien	ner or aumorized rep		- '	

Filing Fee: \$25.00