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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLANCO ACCOUNTING I, INC.

Account Number : I20100000060

Phone

: (305)828-1148

Fax Number

: (305)828-1709

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

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MGLEMIEUX RESIGN NOV 2 6 2024 CAR HURT LLC

Certificate of Status	 0

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Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

CAR HURT LLC			
(Name of the Limit	ted Liability Comps (A Florida Limited	ny as it now appears on our rece Liability Company)	Ords.)
The Articles of Organization for this Limited L. Florida document number L24000490341	and assigned		
This amendment is submitted to amend the folk	04.52		
A. If amending name, <u>enter the new name of</u>			- E 3
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation "LI	C" or the abbreviation "L 1 C"
Enter new principal offices address, if applica	able:	150 SMALLWOOD DR LO	
(Principal office address MUST BE A STREE		CHOKOLOSKEE FL 3413	8
Enter new mailing address, if applicable:		150 SMALLWOOD DR LO	T 159
(Mailing address MAY BE A POST OFFICE)	CHOKOLOSKEE FL 3413		
<ol> <li>If amending the registered agent and/or reagent and/or the new registered office address</li> </ol>	egistered office a s here:	ddress on our records, <u>ente</u>	r the name of the new regi
Name of New Registered Agent:	CARLOS HURTADO		
New Registered Office Address:	150 SMALLWO	OOD DR LOT 159	
		Enter Florida street addre	
	CHOKOLOSKE	, F	lorida <u>341</u> 38
New Registered Agent's Signature of the page 19		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.

carlos hurtado

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

Title	Name	Address	Type of Action
AMBR	CARLOS HURTADO	2401 WEST 72ND STREET STE 1	□Add
		HIALEH FL 33016	<b></b>
			□Change
AMBR	CARLOS HURTADO	150 SMALLWOOD DR LOT 159	<b>=</b> Add
		CHOKOLOSKEE FL 34138	URemove
			[] Change
	~		□ Add
			□Remove
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Effective date, if other than it it an effective date is listed, the date Note: If the date inserted in this document's effective date on the	s block does not meet the app	dicable statulory filing	(optional) e than 90 days after filing.) Purs requirements, this date will	uant to 605.0207 ( not be listed as t
e record specifies a delayed effect d is filed.	tive date, but not an effective	e time, at 12:01 a.m. or	the earlier of: (b) The 901	h day after the
Dated		·		
Dated	carlos	hurtado		
	Signature of a member or au	thorized representative of	a member	

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