

L10000036961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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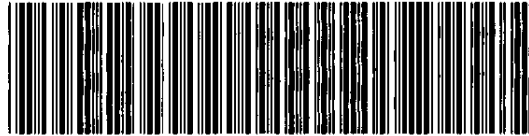
Special Instructions to Filing Officer:

A. LUNT

JUL - 6 2010

EXAMINER

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAPITOL AUTOMOTIVE LLC  
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:

MELISSA MORGAN  
Name of Person

CAPITOL AUTOMOTIVE LLC  
Firm/Company

1200 HILLSBORO MILE #2202  
Address

HILLSBORO BEACH, FL. 33062  
City/State and Zip Code

MISSYMORG @ GMAIL . COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELISSA MORGAN at (954) 288-0816  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 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)

\* MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

CAPITOL AUTOMOTIVE, 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 MARCH 31, 2010 and assigned  
Florida document number L10000036961.

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 end with 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)

103 So. FEDERAL HWY.  
POMPANO BEACH, FL. 33062

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

103 So. FEDERAL HWY.  
POMPANO BEACH, FL. 33062

**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:

JAMES TWITTY

New Registered Office Address:

1131 SW. 111<sup>TH</sup> WAY

Enter Florida street address

DAVIE

City

, Florida

33324

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

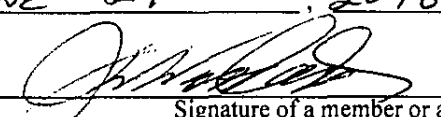

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MELISSA MORGAN	1200 Hillsboro M.L. Apt 2202 Hillsboro Beach, FL 33062	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MICHAEL CRAFT	4304 RUSSELL AVE. #4 MOUNT RAINEIR MARYLAND 20712	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JOE W. WOODARD, INC.	P.O. BOX 1268 POMPANO BEACH FL. 33061	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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NORTH DAKOTA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JUNE 29, 2010

 /   
Signature of a member or authorized representative of a member  
JOE W. WOODARD / Melissa Morgan  
Typed or printed name of signee