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FILING CANCELLED RETURNED CHECK

08/12/11--01016--010 **25.00



COVER LETTER

Division of Corporations
SUBJECT: George Matthew Auto Group LCC 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:
Horout Kebabijan Name of Person
George Matthew Auto Grouf UC Firm/Company
3938 Westgate Ave Address West Palm Beach FL 33409 City/State and Zip Code
West Palm Beach FL 33409 City/State and Zip Code George Medthew Auto Group a Gmail.com E-mail address: (to be used for future ahnual report notification) For further information concerning this matter, please call:
Harout Kebabijan at (561) 615-0026 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}}
MAILING ADDRESS: STREET/COURIER ADDRESS:

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

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

GEORGE Hatthew Auto Group LCC

FILING CANCELLED RETURNED CHECK

(Name of the Limited L (A.F.	Plorida Limited Liab	as it now appear pility Company)	<u>rs on our recorc</u>	<u>1s.</u>)		
The Articles of Organization for this Limited Lia	bility Company w	ere filed on	ec.07	20/0 an	ıd assigned	
Florida document number 11000/12533	13			PALL.	20H	
This amendment is submitted to amend the follow				RETARY AHASSE	AUG 12	ļ
A. If amending name, enter the new name of t			_	OF ST	3 四	
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Compa	ny," the designa	tion PLC" of	the abbreviation	nc
Enter new principal offices address, if applical	ble:	3938	Westgate	Aue	•	
(Principal office address MUST BE A STREET	ADDRESS)	West P	Westgate alm Be	ach, F	C 3340	9
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	3938 U West Po	Jestgate Im Bea	Ave ch FL	, 33409	
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on o	our records, <u>e</u>	nter the nai	me of the ne	<u>w</u>
Name of New Registered Agent:	Harout 3938 a West Pape	Kebabo	ian			
New Registered Office Address:	3938 W	lest gete	Ave er Florida stre			
	11 1 01	p 1	er r iorida stre	~	Z(n G	
	WEST Yalm	City	, Florid	da <u>رکر</u> Zip	70 7 Code	

Page 1 of 2

If Changing Registered Agent, Signature of New 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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	Harout Kebabijan	3938 Westpate Ave West Palm Beach FC, 3340	Add Remove
-			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·	•	Add Remove
	·		Add Remove
			Add Remove
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			INSY OF SIA NSSEE, FLOR
	a + wth		### 22
Dated	August 10th , 2011	Wholier	
		or authorized representative of a member - Kebaktian or printed name of signee	

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Page 2 of 2

Filing Fee: \$25.00