L0/000003021

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COVER LETTER

TO: Registration Division of C		,			
SUBJECT:	WALLACE CADIL	LAC, OLDSMOBILE, LL	.C		
	Name of Lin	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	spondence concerning this matte	r to the following:		٠	
		Laura Allen			
		Name of Person			
	1	Wallace Cadillac, LLC			
		Firm/Company			
	38	01 SE Federal Highway		20 I	
		Address		AR SEP	ANT E
		Stuart, FL 34997		2011 SEP 15 AM Q: 5:8 SCORETARY OF LIATE ALLAHASSEE, FLORID,	
		City/State and Zip Code		그 목 목	1
	lauraal	en@wallaceautogroup.com to be used for future annual report notific	ation		
For further information	a concerning this matter, please	•	unon	5 5	
	Laura Allen	ut \	372-0250		
· Name	e 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)	S60.00 Filing Certificate of Certified Co (additional of	of Status &	

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

WALLACE CADILLAC, OLDSMOBILE, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 2/27/2001 The Articles of Organization for this Limited Liability Company were filed on and assigned L01000003021 Florida document number __ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Wallace Oldsmobile, LLC 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) ūΦ 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

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:

<u>`itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Add Remove
			Add S
			- Stp
			Add on Remove
If amone	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessor	ary.) D. S.
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ited	September 7, 2	011	
	William Total	lu	
	Ignature of a member	er or authorized representative of a member	

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Filing Fee: \$25.00