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TALLAHASSEE, FLORIC

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Germain Automotive of Naples 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:	
MHYLYN SPA+U Name of Person	ZOIZ MAR
Germain BMW of Naples	SSEE F
11286 Tamiami Trail N	
Nuples, FL 34110	
City/State and Zip Code WSPHD Germain FL. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MHYLYN SPOTO at 239 U43-220 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \times \text{\$\$30.00 Filing Fee & }\ \text{\$\$\$\$Certificate of Status} \text{\$\$Certified Copy (additional copy is enclosed)} \text{\$\$\$\$Certified Copy (additional copy is enclosed)}	ite 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

Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>LD200000742</u> 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> egistered 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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Register Agent, Signature of New Registered Agent

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Filing Fee: \$25.00