

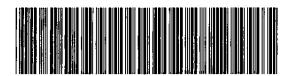
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EXAMINER



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COVER LETTER

TO:	Regi Divis	tion of C	Section Corporations					
4	-	Fox	General	Services	dbr	Siena	Autò	Center
SORTE	CI:		Na	me of Limited Liabili	ty Company			
The end	losed	Articles	of Amendment and fe	e(s) are submitted for	filing.			
Please r	return	all corres	spondence concerning	this matter to the foll	owing:			
			Jo	Name Name	Siena			
			tox (ientral (services			
				Fim	n/Company			
			111	NW 70th	WAY			
margate, FL 33063 City/State and Zip Code Javier Sierra-Shotmail-Com								
			•	City/Stat	e and Zip Code	mail car	vi	
			—————E>fin	ail address: (to be used f	or future annual rep	ort notification)	<u> </u>	
For furt	her in	formatio	n concerning this mat	ter, please call:				
	Jav	ier	L. Sierr	<u>م</u> at	(SU) 581 Area Code &	4-1199		
		Nam	e of Person		Area Code &	Daytime Telepho	ne Number	
Enclose	adisa	check fo	r the following amous	nt:		,		
□ \\$25.	.00 Fil	ing Fee	\$30.00 Filing Certificate	of Status Co	00 Filing Fee & rtified Copy iditional copy is e		60.00 Filing Certificate of Certified Contact (additional)	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

Fox General Sen	rices d	ba	Sierra	Auto (inter	
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it ia Limited Liability	now ap Compai	pears on our recor	<u>ds.</u>)		
The Articles of Organization for this Limited Liability Florida document number <u>し050000</u> 3しけけ	Company were to	filed on	4/14/05	2a	and assigne	đ
This amendment is submitted to amend the following:	:			·		
A. If amending name, enter the new name of the li	imited liability o	mpany	here:			
na				(3 to 7 C)		
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Lia	ibility Co	mpany," the design	iation "LLC"	or the abore	VIALION
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD)			na			
Frincipal office duaress MUST BE A STREET AD				A H	※ 3	
Enter new mailing address, if applicable:			nja	SSEE	ARY OF	
(Mailing address MAY BE A POST OFFICE BOX)				FLORI	S 75 ≥ N	
	·			QA A	ini w	
B. If amending the registered agent and/or reg registered agent and/or the new registered office a		ddress (on our records,	enter the n	ame of th	<u>e new</u>
Name of New Registered Agent:		n	a	·		
New Registered Office Address:		<u> </u>	Enter Florida str	eet address		
			, Flor			
	City	•		Zij	p 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

Title	Name	Address	Type of Action
<u>Presi</u> den	t-Javier L. Sierra	margate, FL 330123	PAdd (change Remove title— Currently
			SAUS Add VP.) Remove
			Add Remove
			Add Remove
			Add Remove
			Add Removε
D. If amendin	- 	s) here: (Attach additional sheets, if necessary.)	
	any and lawfu	nt-necds to state 1. buisness	_
			
Dated Nov	. Tamei 🔀		··········
· _	Jarier L.	ranthorized representative of a member (LYY rprinted name of signee	

Page 2 of 2

Filing Fee: \$25.00