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EXAMINER

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COVER LETTER ...

TÙ: Registration S Division of Co		•			
SUBJECT:	Broward	Auto Mall, LLC			
SUBJECT:		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Sandra Daley			
		Name of Person			
	Ві	roward Auto Mall, LLC			
	, , , , , , , , , , , , , , , , , , , ,	Firm/Company			
2293 SW Martin Highway, Suite 252					
		Address			
		Palm City, FL 34990			
	-	City/State and Zip Code			
support@thebrowardautomall.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of				
S	andra Daley	at (772) 78	1-6700		
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.		CTDEET/COUDIED	ADDDESS		

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

Broward Auto Mall, 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 and assigned
Florida document numberL05000052172
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
4. If amending name, enter the new name of the finited nationly company nere.
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)
j
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, <u>enter the name of the nev</u> registered agent and/or the new registered office address here:
registered agent and/or the new registered office address nere.
Name of New Registered Agent:
Name of New Registered Agent.
New Registered Office Address: Enter Florida street address:
Enter Fibrial Street dadress -
Florida 62 3
City 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action	
			Add _ Remove	
			Add Remove	
<u>-</u>			Add Remove	
		ers of the LLC:		
	Michael Samara, 210 3rd Street W	/est, apt. 4205, Bradenton, FL 34205	_ _	
			<u> </u>	
Dated _		ber or authorized representative of a member		
	1	/ Sandra Daley		
	Туг	oed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00