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SECRETARY OF STATE DIVISION OF CORFORATION

## **COVER LETTER**

Division of	on Section Corporations				
SUBJECT:	Broward	d Auto Mall LLC	,		
	Name of Lim	ited Liability Company			
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.			
Please return all con	respondence concerning this matte	r to the following:			
		Sandra Daley			
Name of Person					
Broward Auto Mall LLC					
Firm/Company					
2293 SW Martin Hwy					
		Address			
		Palm City FL 34990			
		City/State and Zip Code			
	E-mail address: (	to be used for future annual report noti	fication)		
For further informati	on concerning this matter, please of	call:			
Sandra Daley		at (_772_)	781 6700		
Na	me of Person	Area Code & Daytin	ne Telephone Number		
Enclosed is a check t	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:** 

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

DIVISION OF CORPORATIONS
11 JAN 27 AM 7: 51

	Broward Auto Mail LLC	· · · · · · · · · · · · · · · · · · ·		
(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited I	Liability Company were filed on		and assigned	
riorida document number	<del>/C 1 / L</del>			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability company her	ş.		
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if appli	icable:	· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:	<u> </u>			
(Mailing address MAY BE A POST OFFICE	E POV			
B. If amending the registered agent and registered agent and/or the new registered of		ur records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:		<u></u>	······································	
	Enter Florida street address			
		, Florida		
	Citv		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, 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 ☐ Add Remove Add Remove ☐ Add ☐ Remove Add Remove □Add | Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please add the following as members of the LLC: 1. Effective 12/20/2010 Add: Maher Hanna of 4300 N. Ocean Drive #16B, Ft. Lauderdale, FL 33308 2. Effective 1/25/2011 Jessel Craig of 17368 SW 8th St, Pembroke Pines, FL 33029 1/24/2011 Dated Signature of a number or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00