## L05000052172

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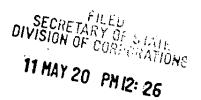
SECRETARY OF STATE

## **COVER LETTER**

**Registration Section** 

Division of C	orporations			
SUBJECT:	Broward	d Auto Mall LLC		
	Name of Lim	ited Liability Company		
•	of Amendment and fee(s) are sul	_		
Please return all corres	pondence concerning this matter	r to the following:		
	-	Michael Daley		
		Name of Person		
	Broward Auto Mall			
·		Firm/Company		
	2740 S	W Martin Downs Blvd #40  Address	<u>_</u>	
		Palm City, FL 34990		
		City/State and Zip Code		
	E-mail address: (	to be used for future annual report not	ification)	
For further information	concerning this matter, please of	call:		
N	lichael Daley	at ( 772 )	781-6700	
Name	of Person		me 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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Browa	ard Auto Mall LLC			
( <u>Name of the Limited Liabilit</u> (A Florida	V Company as it now appear Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	5/24/05	and assigned	
Florida document numberL05000052172	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		***		
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ur records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	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 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:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
-			Add Remove
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
D. If at	nending any other information, enter char Remove the following members from	mge(s) here: (Attach additional sheets, if necessary.)  m the LLC:	_ <u>``</u>
	Effective4/20/11 Winston DeWeeve	er of 123 SW 22nd Ter Ft Lauderdale FL333	SECRE DIVISION 11 MA
	Effective2/20/11 Robert Barrett of 7	25 S.Nova Rd# 246, Ormond Beach FL321	74 AY 20
	Effective 5/1/11 Robert Schickman	of 2450 SW 148th Court, Miami, FL 33185	⊊i∠r
Dated _	5/16/11  Signature of a memb	er or authorized representative of a member	ORFORATIONS PM IZ: 26
	Туре	Michael Daley of or printed name of signee	<del></del>

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Filing Fee: \$25.00