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(Requestor's Name)		
•		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
F		
Special Instructions to Filip OfficerUNT		
ADD 9 & 2000		
APR 28 2008		
EXAMINER		

Office Use Only



300123842583

04/25/08--01033--001 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: EZGO JUNK LLC (Na	ame of Limited Liability Company)	
The enclosed Articles of Amendment and fer Please return all correspondence concerning		
NICOLAS KI EZGO JUNK	(Name of Person)	
1970 NW 32	(Firm/Company) 2 ST (Address)	FILI 2008 APR 25 SECRETARY TALLAHASSE
POMPANO	BEACH FL 33064 (City/State and Zip Code)	APR 25 P 3: 2 RETARY OF STATE AHASSEE, FLORID
For further information concerning this matter	er, please call:	» —
NICOLAS KERKERIAN (Name of Person)	at (561) 870 3628 (Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount		Texa aa Filiaa Faa
\$25.00 Filing Fee \$30.00 Filing in Certificate of		\$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

ssigned		
ssigned		
- Industrial		
abbreviation		
,		
(Enter Florida street address)		
ae)		

(If Changing Registered Agent, Signature of New Registered Agent)

Is 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 <u>Title</u> Address Type of Action <u>Name</u> **MGRM** 1970 NW 32 ST Add POMPANO BEACH FL 33064 √ Remove Add [Remove Add Remove Add Remove ∐Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member NICOLAS KERKERIAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00