L070000/2139

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JAN 19 PH 3: 1

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJ	ECT:	Brama	n Spyker, LLC		
			ited Liability Company		
The en	nclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please	return all correspo	ondence concerning this matte	r to the following:		
Star			stanley J. Krieger, Esq		
-			Name of Person		
		Brama	aman Management Association		_
			Firm/Company	•	
			iscayne Blvd., Second	ayne Błvd., Second Floor	
			Address	1.00	IO J
Miami, Florida 33137					2010 JAN 19 PP SECRETARY OF ALLAHASSEE, F
	City/State and Zip Code				TO _
		stanleyk	@bramanmanageme (to be used for future annual rep	nt.com	
For fu	rther information c	oncerning this matter, please	·	or nounced	3: 13
		/ J. Krieger, Esq.	at (_305_)	576-1889	
	Name o	f Person	Area Code &	Daytime Telephone Number	r
Enclos	sed is a check for th	ne following amount:			
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certified	ate of Status &
	Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	Registration	Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bramaı	n Spyker, LLC					
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appenited Liability Company	ears on our records.)				
The Articles of Organization for this Limited Liability Con Florida document numberL07000012139	npany were filed on _	February 1, 200	7 and assigned			
. This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limite	d liability company h	ere:				
Motor Vehicl	e Enterprises, LL0					
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Con	pany," the designation '	'LLC" or the abbreviation			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>		2010 3/E			
			ARR ST			
Enter new mailing address, if applicable:			19 ARY O			
(Mailing address MAY BE A POST OFFICE BOX)						
			RAL S			
B. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address on ss here:	our records, enter	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:

MGR = Ma $MGRM = N$	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Add Remove
			
			Add FigiReneove
			ARE Add ST Remove
			Add— Ren fiel ve
			Add Remove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary	.)
			
_			
Dated	January 13	2010	
		ber all authorized representative of a member	
	Tvr	anley J. Krieger, Esq.	

Page 2 of 2

Filing Fee: \$25.00