L07000054617

_____
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

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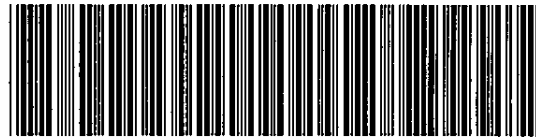(Business Entity Name)

_____
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
       Division of Corporations

SUBJECT: **NORTH TAMPA AUTO BROKERS LLC**
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OBIE MALDONADO
(Name of Person)

NORTH TAMPA AUTO BROKERS LLC
(Firm/Company)

2600 N TAMPA ST
(Address)

TAMPA FL 33602
(City/State and Zip Code)

For further information concerning this matter, please call:

OBIE MALDONADO   at (**813**) **728-5268**
(Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                     (additional copy is enclosed)   Certified Copy
                                                                                 (additional copy is enclosed)

MAILING ADDRESS: **STREET/COURIER ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                 Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NORTH TAMPA AUTO BROKERS LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 05/23/2007 and assigned document number L07000054617 .

SECOND: This amendment is submitted to amend the following:

ADD OBIE MALDONADO AS A MANAGER

MAILING ADDRESS IS 2600 N TAMPA ST, TAMPA FL

33602

Dated SEPTEMBER 28TH , 2007 .

_____
Signature of a member or authorized representative of a member

OBIE MALDONADO
Typed or printed name of signee

Filing Fee: $25.00