L0700081198				
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(City/State/Zip/Phone #)	12/29/0901034008 **25.00			
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DEC 302009

EXAMINER

COVER LETTER				
TO: Registration Secti Division of Corpo	ion e of rations			
SUBJECT:	* Florida C	Car Center, LLC		
SUBJECT		ited Liability Company		
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	H H	Patrick Andersson		
		Name of Person		
	FI	orida Car Center, LLC		
		Firm/Company		
	111	18 25th Street, Bay #10		
		Address		
	Wes	t Palm Beach, FL 33407		
		City/State and Zip Code		
	flac	carcenter@yahoo.com to be used for future annual report no	(Fortion)	
For further information con-			incation)	
For further mormation con	cerning this matter, please c			
	Andersson	at (561_)	459-5328	
Name of P	erson	Area Code & Dayt	ime Telephone Number	
Enclosed is a check for the	following amount:			
¥25.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclos)	 \$60.00 Filing Fee, Certificate of Status & ed) Certified Copy (additional copy is enclosed) 	
Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	center Circle	

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ARTICLES OF AMENDMEN	T
TO ARTICLES OF ORGANIZATI	ION FILED
OF	2009 DEC 29 AM 11: 16
Florida Car Center, LLC (<u>Name of the Limited Liability Company as it now appear</u> (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on Florida document numberL0700081198	08/08/2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :
The new name must be distinguishable and end with the words "Limited Liability Compa"L.L.C."	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on <u>registered agent and/or the new registered office address here</u> :	our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
	uer rioriaa sireei aaaress
City	, Florida 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 can the provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for in C.	of my duties, and I am familiar with and

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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CHASAN, JOSEPH W	5480 NORTH OCEAN DRIVE SINGER ISLAND FL, 33404	Add ∕ Remove
			Add Remove
			Add
			Add Remove
			Add Remove
<u> </u>		Add Remove	
D. If amend	ling any other information, enter cl	hange(s) here: (Attach additional sheets, if necessa	ry.)
		0000	2009
Dated	December 28	2009 A A A A A A A A A A A A A A A A A A A	TIMO DEC 29 M

Typed or printed name of signee Page 2 of 2

Patrick Andersson

Filing Fee: \$25.00

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