LD7000090687

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SECRETARY OF STATE ON STORY OF COMPORATION

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	SMART BU	Y CAR SALES LLC	
30BJEC1:		ited Liability Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The enclosed Articles of A	mendment and fee(s) are su	ibmitted for filing.	
	dence concerning this matte	_	
ricase return an contespon	active concerning and mate	l and ronowing.	
		Joseph Villate CPA	
		Name of Person	
		Joseph Villate CPA	
· ;		Firm/Company	
· •	250 C	atalonia Avenue, Suite 506	
		Address	
:		Corol Cables El 33134	
•		Coral Gables, FL 33134 City/State and Zip Code	
	Vi	llateCPA@bellsouth.net	
	E-mail address:	(to be used for future annual report not	ification)
For further information co	ncerning this matter, please	call:	
Joseph Villate		at (305)	541-4714
Name of	Person	Area Code & Daytime 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)
Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, 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

SECRETARY OF STATE DIVISION OF CORPORATION SEP 21 PH 12: 61

Zip Code

SMART BUY CAR SALES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/05/2007 and assigned L07000090687 Florida document number _ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Motor Group LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 = Manager MGRM = Managing Member **Address** Type of Action <u>Title</u> <u>Name</u> ☐ Add Remove ☐ Add Remove ☐ Add Remove \neg Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 14, 2010 Dated

Signature of a member or authorized representative of a member

ALBA OSORIO ALVAREZ

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00