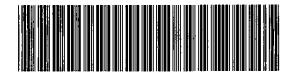
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(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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D. BRUCE
JUN 23 2011
EXAMINER

COVER LETTER

TO:	Registration S Division of Co						
SUBJI	ECT:	LUX	AUTO LLC				
5000		Name of Lim	ited Liability Company				
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.				
Please	return all corresp	oondence concerning this matter	r to the following:				
Egidijus Ramoska							
Name of Person							
	Lux Auto, LLC						
	Firm/Company				_		
9420 Lazy Lane , unit B-17B Address TAMPA , FL 33614							
				=======================================			
		E mail address: (gidijus.ra@gmail.com to be used for future annual rep	ort notification)			
			·	nt notification)	SS	JUN 22	- Andreas
For fur	ther information	concerning this matter, please of	call:		er s		M
	Egic	dijus Ramoska	at (727)	686-9918	D. 73	ζ3	
	Name	of Person	Area Code &	Daytime Telephone Number	P P	25	
Enclos	ed is a check for t	the following amount:					
\$25	\$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & }\ \text{Certificate of Status} \text{Certified Copy & Certificate of Status} \text{Certified Copy & Certificate of Status} \text{Certified Copy is enclosed} \text{Certified Copy is enclosed} \text{Certified Copy (additional copy is enclosed)} Certified Copy (additional						osed)

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**

	LUX AU	ΓΟ ,LLC				
(<u>Name of the Limited</u> (A	Florida Limited L	iability Company)	on our records.)			
The Articles of Organization for this Limited L	iability Company	were filed on	10/03/2007	and assigned		
Florida document numberL0700010	1041					
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company here	:			
	LUX AUT	O ,LLC				
The new name must be distinguishable and end with L.L.C."	th the words "Limi	ted Liability Compan	y," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applic	9420 Lazy Lane ,unit B-17B					
(Principal office address MUST BE A STREE	Tampa , FL 33614					
Enter new mailing address, if applicable:		9420 Lazy Lar	ne , unit B-17B			
Mailing address MAY BE A POST OFFICE	Tampa , FL 33	3614 👸 X	2			
			() (a)			
			1			
B. If amending the registered agent and/or the new registered of			ir records, emerati	he jiame of the new		
Name of New Registered Agent:	Anatoliy M.	Li				
New Registered Office Address: 9420 Lazy Lane, Unit B-17B Enter Florida street address						
		TAMBA		33614		
		City	, Florida	Zip Code		
New Registered Agent's Signature, if changing I	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 Type of Action Address Title Name MGR Anatoliy M. Li 20314 Ash Grove Lane √ Add Tampa Ft 33647 Remove Egidijus Ramoska MGR 1185 58th Street N. #303 ∇ Remove St.Petersburg FL 33710 MGR Rasuole Ramoskiene 1185 58th Street N. #303 St.Petersburg FL 33710 Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

EGIBLES RAMOSKA

Typed or printed name of signee

Page 2 of 2

Dated

Filing Fee: \$25.00