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EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO:	Reg Divi	istration S sion of Co	ection rporations				
SUBJE	CT:	1-888-	EZGO-JUNK LLC				
5022			(Name of Lin	nited Liabilit	y Con	npany)	
	•						
The enc	losed	Articles of	f Amendment and fee(s) are sul	bmitted for f	iling.		
Please n	eturn	all corresp	ondence concerning this matter	r to the follo	wing:		•
	-		NICOLAS KERKERIAN				
				(Name	of Pers	on)	
	1-888-EZGO-JUNK LLC						
				(Firm/	Compa	ny)	
			1970 NW 32 ST				
			-	(Ad	dress)		
			POMPANO BEACH FL	33064			
				(City/State	and Zip	Code)	
For furtl	her in	formation (concerning this matter, please of	all:			
NICOL	AS K	ERKERIA	N .	at (_	954	957-8777	
(Name of Person)				(A	Telephone Number)		
Enclosed	d is a	check for t	he following amount:				
2 \$25.0	00 Fil	ing Fee	□\$30.00 Filing Fee & Certificate of Status		fied C		□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Regist Division P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314		Re Di Cl 26	FREET/COURIER egistration Section ivision of Corporation ifton Building 61 Executive Center allahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1-888-EZGO-JUNK LLC				
(Name of the Limited Liabil (A Florid	lity Company da Limited Lia	as it now appears on ou oility Company)	r records.)	
The Articles of Organization for this Limited Liability Florida document number L07000112295	y Company w	ere filed on NOVENBE	R 6 2007	_ and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the li		y company here:		
The new name must be distinguishable and end with the w "L.L.C."	words "Limited	Liability Company," the	designation "LLC	or the abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)	-		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	•			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		e address on our rec	ords, <u>enter the</u>	name of the new
Name of New Registered Agent:				<u>.</u>
New Registered Office Address:				
	· · · · · · · · · · · · · · · · · · ·	(Enter Flo	rida street addres	:s)
			. Florida	
	(City)	,	Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	and complete agent as pro ered office ad	e performance of my d vided for in Chapter 6	uties, and I am dies. Os, F.S. Or, if it in that the limited	amiliar with and its document is
	(If Changi	ng Registered Agent, <u>Signs</u>		

Page 1 of 2

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

<u>Title</u> '	<u>Name</u>	Address	Type of Action
MGRM ·	DAVID KERKERIAN	1970 NW 32 ST POMPANO BEACH FL 33064	Add Remove
MGRM	MICHAEL P MCGRATH	1970 NW 32 ST POMPANO BEACH FL 33064	Add Remove
			Add Remove
D. If am	ending any other information, enter ch	ange(s) here: (Attach additional sheets, if necess	ary.)
Doted	JONE 25	20=8.	08
Dated	w.	Hell.	
	NICOLAS KERKERI	mber or authorized representative of a member AN rped or printed name of signee	mg y in
	• •	Page 2 of 2	TINIE STATE

Filing Fee: \$25.00