L08000004053

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T. HAMPTON NOV 2 4 2010

EXAMINER

COVER LETTER

TO: Registration Set Division of Cor							
SUBJECT:	CIBUCO A	UTO SALES, LLC					
Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.					
Please return all correspondence	ondence concerning this matte	r to the following:					
	AL MESA Name of Person						
		Name of Ferson					
Firm/Company							
	PO BOX 692468						
		Address					
		ORLANDO, FL 32869					
		City/State and Zip Code					
		to be used for future annual report notif	fication)				
For further information c	oncerning this matter, please of	call:					
Name o	AL MESA	at (407)	448-3584 ne Telephone Number				
Name	r reison	Area Code & Daydin	ie reiepitorie Number				
Englaged is a check for the	ne following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Registr Divisio P.O. Bo	ing ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF



10 NOV 23 AM 12: 02

	CIBUCO AL	JTO SALES, LLC	•	
(Ni	ame of the Limited Liability Co (A Florida Lim	ompany as it now appears on lited Liability Company)	our records.)	
The Articles of Organization		apany were filed on _0//	1/2008 and assigned	
Florida document number	L08000004053			
This amendment is submitted	to amend the following:		,	
A. If amending name, <u>ente</u>	the new name of the limited	l <u>liability company here</u> :		
			*	
The new name must be distingu "L.L.C."	ishable and end with the words	"Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices	address, if applicable:			
(Principal office address MU	<u>'ST BE A STREET ADDRES</u>	<u> </u>		
		<u> </u>		
		•		
Enter new mailing address,	if applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)			
		4		
			records, enter the name of the new	
registered agent and/or the	new registered office address	<u>s here</u> :		
Name of New Regis	tered Agent:			
New Registered Off	ice Address:			
		Enter Florida street address		
			, Florida	
•		City	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 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 = Mar MGRM = M	nager Ianaging Member	,	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	TEUDOLO PABLO LEGER	5515 ORANGE BLOSSOM TRL ORLANDO, FL 32839	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
		•	SECRETARY OF STATE OF CORPORATION
	/	or authorized representative of a member or printed name of signee	<u>~</u>

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Filing Fee: \$25.00