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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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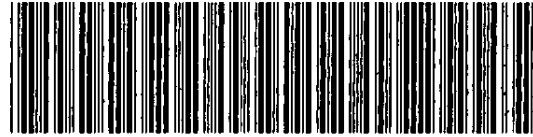
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 12 2008

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BEELINE AUTO AUCTION, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dennis Testagrossa  
(Name of Person)

Beeline Auto Auction, LLC  
(Firm/Company)

1150 Jetport Drive  
(Address)

Orlando, Florida 32809  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dennis Testagrossa at ( 603 ) 566.2717  
(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 enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

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 TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Beeline Auto Auction, 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 February 1, 2008 and assigned Florida document number L08000011810.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:

1150 Jetport Drive

(Principal office address MUST BE A STREET ADDRESS)

Orlando, Florida 32809

Enter new mailing address, if applicable:

1150 Jetport Drive

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, Florida 32809

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**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:

Dennis Testagrossa

New Registered Office Address:

1150 Jetport Drive

*(Enter Florida street address)*

Orlando, Florida 32809

, Florida 32809

*(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:

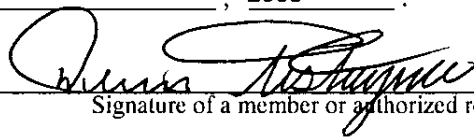
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Dennis Testagrossa	31 Copeland Drive Hudson, NH 03051	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Pong Maynard	Wright Road Hollis, NH 03049	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Walter Gruschick, Jr.	8 Fairway Drive Hudson, NH 03051	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	David Alves	196 Nashua Road Pepperell, MA 01463	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 9, 2008



Signature of a member or authorized representative of a member

Dennis Testagrossa

Typed or printed name of signee

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