208000013417

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' COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CARS Direct of Orlando 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:
Chris Milsaps Name of Person
CARI Direct of ORlando
Firm/Company 711 Business Park Blvd Ste 105 Address Winter Garda Flag 34787 City/State and Zip Code
Winter Gardon Fl 34787 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chr. S M. //Sups at (407) 235-5541 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OR (and LLC y Company as it now appears on our records	i.)		
(A Florida	Limited Liability Company)	- ′		
The Articles of Organization for this Limited Liability C	Company were filed on 2-1-08		and assig	gned
Florida document number 20800001341	7			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Company," the designati	on "LLC"	or the ah	breviation
Enter new principal offices address, if applicable:			2013	
(Principal office address MUST BE A STREET ADDI	RESS)	المراجع	11	
		20		Total Services
Enter new mailing address, if applicable:		215		
			<u> </u>	f + i
(Mailing address MAY BE A POST OFFICE BOX)			**** ***	- thimb
		F.	6 67	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ter the n	ame of	the new
Name of New Registered Agent:				
New Registered Office Address:				
-	Enter Florida stree	t address		
	, Florid			
	City	Zi	p 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

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
NgRM	CARIC Hodges	Orlando Fl 32805	Add		
		Orlando Fl 32805	Remove		
· · ·					
			Remove 2013		
			SSS O Add		
			Add Remove		
			AT CONTRACT		
			Add		
			Remove		
			Add		
			Remove		
			Add		
			Remove		

). If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated _	2-13-13
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Chris M.//s ps Typed or printed name of signee
	Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00

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