L080000 14 202

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

Office Use Only



600162484496

11/16/09--01026--010 **25.00

TILTU 2009 NOV 16 AM II: 03 SECRETARY OF STATE

M. THOMAS

NOV 1 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BRIM SCOTT AUTOS, CLC 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:
Name of Person Name of Person Firm/Company
Address Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person at (239) 298-2487 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) • Certified Copy (additional copy is enclosed) • 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIAN SCOTT	A4705,	466		
(Name of the Limited Liability Compa (A Florida Limited l	iny as it now appears or Liability Company)	our records.)		
		,		
The Articles of Organization for this Limited Liability Company	were filed on <u>02</u> /	08/2008 and assigned		
Florida document number <u>LO 80000 1420</u> 2	_			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	bility company here:			
The new name must be distinguishable and end with the words "Lim	ited Liability Company,"	the designation "LLC" or the abbreviation		
"L.L.Ç."				
Enter new principal offices address, if applicable:		750 2 7		
(Principal office address MUST BE A STREET ADDRESS)		2		
•		55 5 M		
·		帝 星		
Enter new mailing address, if applicable:	1691 MA	NCHESTER TOTO		
(Mailing address MAY BE A POST OFFICE BOX)	1691 MA	7C 80 0		
	•	34109		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter the name of the new		
	<u></u> -			
Name of New Registered Agent:	t			
New Registered Office 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 = Manager

MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add		
·, ·····	<u></u>		Add Remove		
			PECRETARION TO		
			Signal of the state of the stat		
D. Ifa	mending any other information, enter chang	ge(s) here: (Attach additional sheets, if necess	eary.)		
	As SECRETARY	of BRIAN SCOTT	AUTOS, CLC		
Dated _	November 12, 20	<u>യമ 9</u> .	Arthurs better a		
	Signature of a mamba	er or authorized representative of a member	·		
	Frem S.	UROBCOURKI, d or printed name of signee	,		

Page 2 of 2

Filing Fee: \$25.00