D8000116925

(Requestor's Name)	
(Address)	300207641783
(Address)	000201011100
(City/State/Zip/Phone #)	
(Business Entity Name)	05/19/1101013002 **25.00
(Document Number)	,
Certified Copies Certificates of Status	

Special Instructions to Filing Officer:

L. SELLERS

MAY 2 0 2011

EXAMINER

Office Use Only

SECRETARY OF SI

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Zaharion's Auto S	Sales Limited Liability Co	Ο.
Sobsect.		nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
		Bryan R Zaharion	
		Name of Person	
	Za	harion's Auto Sales LLC	
		Firm/Company	
1334 S. Killian Dr Suite 2			
		Address	
Lake Park, FI 33403			
		City/State and Zip Code	
	F-mail address:	ryan@zaharions.com (to be used for future annual report notifi	cation)
For further information	concerning this matter, please	•	
	,		
	ryan Zaharion	at (561)	8013883
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)	
(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL08000016925	were filed on2/15/2008 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Zaharion's Auto	Sales LLC	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	1334 S. Killian Dr. Suite 2	
(Principal office address MUST BE A STREET ADDRESS)	Lake Park, FI 33403	
Enter new mailing address, if applicable:	1334 S. Killian Dr. Suite 2	
(Mailing address MAY BE A POST OFFICE BOX)	Lake Park,FL 33403	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	CR A	
New Registered Agent's Signature, if changing Registered Agent:	Enter Florida street addition 99 Florida Property Proper	

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 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

<u> Fitle</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		·	Add Remove
). If amen	ding any other information, enter cl	nange(s) here: (Attach additional sheets, if necessary.)	
<u>-</u> -			_
	÷		_ _
Dated	May 18, 2011 ,,	mber or authorized representative of a member	

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Filing Fee: \$25.00