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G. MCLEOD

AUG 20 2008

EXAMINER



900133196879

08/20/08--01016--007 **25.00

COVER LETTER

TO:	Registration Section
	Division of Corporations

(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:

AUTOMOTIVE (Firm/Company)

CASSELBERRY, FL 32707
(City/State and Zip Code)

For further information concerning this matter, please call:

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





August 7, 2008

ARMAND TANASESCU 1451 AVALON BLVD CASSELBERRY, FL 32707

SUBJECT: ARCARS AUTOMOTIVE LLC

Ref. Number: L08000026137

We have received your document for ARCARS AUTOMOTIVE LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

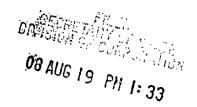
If you have any questions concerning the filing of your document, please call (850) 245-6851.

Letter Number: 308A00045022

Gina McLeod Regulatory Specialist II

Division of Corporations P.O. ROY 6327 Tollahassaa Florida 32214

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HRCARS AUTOM	OTIVE LL	C	
(Name of the Limited Liabi (A Florid	da Limited Liability Compar	ny)	
The Articles of Organization for this Limited Liability Florida document number LO80002613	y Company were filed on .	3/12/08 and assigned	
This amendment is submitted to amend the following	;		
A. If amending name, <u>enter the new name of the l</u>	imited liability company	y here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
•			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or represent and/or the new registered office a		on our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	(01.)	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CARMEN TANASESCU	1451 AVALON BLVD. CASSELBERRY, FL 32707	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
:			Add Remove
D. If amen	ding any other information, enter change((s) here: (Attach additional sheets, if necessary.)	
<u>-</u>			_
	8/4 1 200	 DP	_
Dated	Signature of a member of	or authorized representative of a member	
	HRMAND TANAS	ESCU r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00