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SEGRETARY OF STATE
AND ANASSEF, FLORID

D. BRUCE

MAY 09 2008

EXAMINER

COVER LETTER

Division of Co		•		1	
SUBJECT:	BRAKELIGHT S	SOLO CHEKER L.L.	.c	•	
	(Name of Lin	nited Liability Company)			
			• • • •		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		DENSLEY R. SMIT	<i>H</i>		
		(Name of Person)			•
	D	ensley Smit	TALL SEE	08	a=2.41
	_	(Firm/Company)	AR	MAY	
·	1800 N	1.W 204 street	ASSE		
		(Address)	m _c	P	
	MIAMI GAR	DENS, FL 33056 (City/State and Zip Code)	FLORIDA	1:17	O
For further information	concerning this matter, please	call:			
DENS	LEY R. SmitH	at (305 621- (Area Code & Daytime	7536	_	
(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	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of St Certified Copy (additional copy	atus &	ed)

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

BRAKELIGHT	SOLO CHEKE	R LL.C			
(Name of the Limited Lia (A Flo	bility Company as it now apper orida Limited Liability Company)	ars on our records.			
The Articles of Organization for this Limited Liabil		04/14/2	008 and as	signed	
Florida document number <u>Lo80000</u> 3	3 7 <u>3</u> 5 1				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	Solo CHEC		•		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	pany," the designation	"LLC" or the	abbreviation	
			SEC	80	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on	our records, enter	the maine	of the new	
Tegistered agent and/or the new registered office	- addition libro		ARY	σ [
Name of New Registered Agent:		N/A	OF S		
New Registered Office Address:		N/A			
(Enter Florida street address)					
-	(City)	, Florida _	(Zip Co	<u>de)</u>	
	(City)		(Lip Co	/	

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, Signatury 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>	Name	Address	Type of Action
Merm	JEAN RENS PIERRE	805 N.E 199 STREET	Add
M.GRM	IAN R. SMITH	1800 N.W 204 STREET	Add
+			Add Remove
+			Add Remove
+			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary)	Add Remove
	ing any other into mation, enter thange	A HA	8
		FLORID.	THE TOTAL STATE OF THE PARTY OF
Dated	May 04 , 20	08:	
X	Signature of a member Typed	or authorized representative of a member Sley R. Smith or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00