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SECRETARY OF STATE
ALL ARASSEE FOR STATE

COVER LETTER

TO: Registration S Division of Co			
subject: Bus	y Dealer Ship Ll (Name of Limi	LC . ted Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<u>Beatriz Za</u>	(Name of Person)	
	•	ership LLc. (Firm/Company)	
	7536 wes	(Address)	
	Haleah, FL	33014~49 23 (City/State and Zip Code)	
For further information	concerning this matter, please ca	ıll:	
Bootri Z (Name	<u>Cahlene</u> of Person)	at (<u>186) 251-2340</u> (Area Code & Daytime T	elephone 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

Busy Pealership LLC	. •	
(Namé of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ibility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on <u>05/05/08</u>	and assigned
Florida document number <u>L08000044426</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation "	'LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		the name of the new
Name of New Registered Agent:		1 8 -
New Registered Office Address:		58 2
	(Enter Florida street a. Florida	daress) = =
	(City)	- (Zip Gode)
New Registered Agent's Signature, if changing Registered Agent:		8: 36 \$ FATE LORID.

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 MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
ice-president	Jordan Mignel Zahlene.	7536 cost 4th lare. Haleah, FL 33014-4923.	Add Remove
fresident	Beatriz Zahlene.	8188 NW 1815+. Hiami, FL 33018-6500.	Add Remove
Secretary	Felix Angel Rivera	3303 NW 23 Ave. Miami, FL 33142.	Add Remove
Treasurer	Beatriz Taridad Zahlene.	7536 west 4th land. Hialeah, FL 33014-4923.	Add Remove
Director	Beatriz Zahlere.	8788 NW 18151. Wani, FL 33018-6500	Add ☐ Remove
			Add Remove
D. If amendir	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary	y.)
Dated Aug	gust on , 200		DECRETAGE I
-	Beatriz	zahlene (president)	Egg M B D
	· ·	Page 2 of 2	36 36 36

Filing Fee: \$25.00