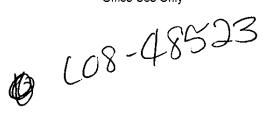
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PICK-UP WAIT MAIL				
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Special Instructions to Filing Officer:				
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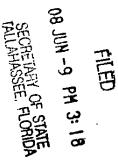
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:(AR EMPIRE L (Name of Lim	ited Liability Company)	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		A LOPEZ (Name of Person)	08 JUN-9 THE SECRETARY OF THE LANDSEE
	CAR EM	PIRE LLC (Firm/Company)	
	9743c Hills	borough ave	OF STATE
	TAMPA, FL	City/State and Zip Code)	
For further information	concerning this matter, please of	eall:	
MAH Mour	O TRAB e of Person)	at (727) 678 679 (Area Code & Daytime To	6 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)
Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ons

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2008

ELENA LOPEZ 9743C HILLSBOROUGH AVE TAMPA, FL 33615

SUBJECT: CAR EMPIRE LLC Ref. Number: L08000048523

We have received your document for CAR EMPIRE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 108A00032789

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAR EMPIRE			
(<u>Name of the Limited Li</u> (A Flo	ability Company as it now appears on corida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabi	ility Company were filed on <u>ゅく</u> 川	S/7008 and assigned	
Florida document number 1-0800 00 4 85	<u>23</u> .		
This amendment is submitted to amend the following name, enter the new name of the		08 JUN-9 PA	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," t	he designation "LLC" or the abpreviation.	
Enter new principal offices address, if applicab	le:	9	
(Principal office address MUST BE A STREET	4DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		records, enter the name of the new	
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 Title Name <u>Address</u> **Type of Action** IARGO FL 33771 Add Remove MGR MAHMOUD TRAB ∏ Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ ignature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee