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EXAMINER



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SECRETARY OF SHALL DIVISION OF CORPORATIONS

COVER LETTER

`TO:

Registration Section

Division of Corp	oorations				
SUBJECT:	CROSSRO	DADS CARS, LLC			
SOBJECT.		ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
		Paul D. Newell			
	Name of Person				
	Paul D. Newell, P.A.				
	Firm/Company				
	Post Office Box 1369				
		Address			
	Keysto	ne Heights, FL 32656-1369			
		City/State and Zip Code	***		
		odn@newelltate.com to be used for future annual report notifi			
	·	·	cation)		
For further information ed	oncerning this matter, please of	call:			
	al D. Newell	at (_352)	473-4928		
Name of	Paul D. Newell at (352) 473-4928 Name of Person Area Code & Daytime Telephone Number		e Telephone Number		
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		S CARS, LLC			
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited I Florida document number L0800009		were filed on	10/03/2008	and assign	ed
This amendment is submitted to amend the fol	lowing:		·		
A. If amending name, enter the new name	of the limited liab	oility company her	<u>e</u> :		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the designation "L	LC" or the abbr	eviatio
Enter new principal offices address, if applicable:		12140 Highwa	ay 441 South	10 10	S T
(Principal office address MUST BE A STREET ADDRESS)		Micanopy, FL	32667	APR	温
				, de , 	13 mg.
Enter new mailing address, if applicable:		12140 Highwa	ay 441 South	- K4	2000 0000 0000 0000 0000
(Mailing address MAY BE A POST OFFICE BOX)		Micanopy, FL	32667	ယ ငေ	から
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>·e</u> :	our records, <u>enter t</u>	he name of t	<u>he nev</u>
New Registered Office Address:	12140 Highway 441 South				
-	Enter Florida street address				
		Micanopy	, Florida	32667	
		City		Zip Code	
New Registered Agent's Signature, if changing I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg being filed to merely reflect a change in the	red agent and ag proper and comp gistered agent as	cee to act in this for the performance provided for in Ch	of my duties, and I a parter 808, F.S. Or,	m familiar wi if this docume	th and

If Changing Agent, Signature of New Registered Agent

Page I of

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>	<u>Name</u>	Address	Type of Action
MGRM	Alan E. Montane	147 SE 5th Avenue Melrose_EL 32666	Add ✓ Remove
			Remove
			Add Remove
			Add Remove
			T Damous
			Add Remove
		change(s) here: (Attach additional sheets, if n	
	December 1	2009	<u></u>
	Sicology bi a i	nember or authorized representative of a member Steven M. Lipman Typed or printed name of signee	<u> </u>
		Page 2 of 2	

Filing Fee: \$25.00