Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000251843 3)))



H080002518433ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617 6383

From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (050)305-6735

Fax Number : (954)641-4192

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SUNCOAST KIA OF NAPLES, LLC

RECEIVED
08 NOV -7 AM 6: 43
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. CLINE

NOV 10 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Suncoast Kia of Naples, LLC		
(Name of the Limited Limbility Comp. (A Florida Limited	any as it now appears on or Liability Company)	ar resords.)
The Articles of Organization for this Limited Liability Company	y were filed on 10/22/08	and assigned
Florida document number L08000099455		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	bility company here:	
Suncoast Auto Group, LLC		
The new name must be distinguishable and end with the words "Lin" "L.L.C."	nited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		产的 富
		P 2 8
Zarton – analismo e del anno del annolessa bilas		Ha V
Inter new mailing address, if applicable:		85 5
Mailing uddress MAY BE A POST OFFICE BOX		TO P
		SE CH
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		pords, enter the name of the nu
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
	, Florida	
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registered Agent	:	
hereby accept the appointment as registered agent and agine provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	plete performance of my a provided for in Chapter	iuties, and I am familiar with and 608. F.S. Or, if this document is

H08000251843

(If Changing Registered Agent, Signature of New Registered Agent)

108000251843

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 = Man MGRM = M	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
	,		Add Remove
			Add Remove
····	***************************************		Add Remove
***************************************			Add Remove 210
			2000 NOV -7 SEGRETAR ALLAESS
·			AM 8:
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
Dated Novem	Co.		
•		r or authorized representative of a member	
	Carlo F, Zampogna Tvecc	for printed name of signed	

Page 2 of 2

Filing Fee: \$25.00

H08000251843