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SECRETARY OF STATE
ALL AREASTE OF STATE

S. HAWKES
JUN 9 - 2009
EXAMINER

COVER LETTER

Division of C	orporations					
SUBJECT:	DL COLLATE	RAL HOLDINGS, L	LC			
	Name of Limi	ited Liability Company		_		
•						
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
		Amy Recchio				
		Name of Person				
	· 					
Firm/Company						
1101 East Fletcher Avenue						
		Address				
		Tampa, FL				
	City/State and Zip Code					
	arecch E-mail address: (io@morganautogroup to be used for future annual rep	o.com	_		
For further information	concerning this matter, please of	•	,			
	71					
	Amy Recchio	at (_813_)	936-3125 Daytime Telephone Num			
Name	e of Person	Area Code &	: Daytime Telephone Num	ber		
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 e	Certif enclosed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)		
МАІ	LING ADDRESS:	STDFFT/	COURIER ADDRESS			

TO:

Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DL COLLATE	RAL HOLDINGS, L	LC
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears imited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed onF	ebruary 4, 2009 and assigned
Florida document numberL09000011533	 ;•	
This amendment is submitted to amend the following: A. If y mending mame, enter the new name of the limit		To the second
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compar	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	(ESS)	
1 P		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
,		`
B. If amending the registered agent and/or registered agent and/or the new registered office add		or records, enter the name of the new
; ,	,	
Name of New Registered Agent:		
New Registered Office Address:	·	
	Ent	er Florida street address
hand off to.		, 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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Larry C. Morgan	1101 East Fletcher Avenue, Tampa, F	Add Remove
MGRM	Daniel Doyle, Sr.	5100 Cypress Avenue, Tampa, FL	Add Remove
			Add Fremove
		S: S	actid Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	Add Remove
			_
_			
Dated	June 2	2009 C Myr	
	Signature of a n	nember or authorized representative of a member Larry C. Morgan Typed or printed name of signee	
		Types or printed name or signee	

Page 2 of 2

Filing Fee: \$25.00