

LD9000024173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

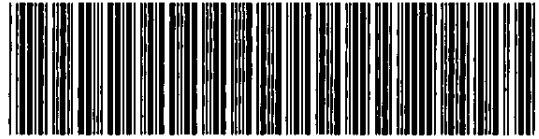
(Business Entity Name)

(Document Number)

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2009 DEC - 8 PM 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
DEC 9 2009
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HARDY AUTOMOTIVE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stuart A. Teller, Esquire

Name of Person

Stuart A. Teller, PA

Firm/Company

7320 Griffin Road, Suite 216

Address

DAVIE, FLORIDA 33314

City/State and Zip Code

satpa1@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stuart A. Teller, Esquire

Name of Person

at (**954**)

327-3383

Area Code & Daytime Telephone 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

FILED
2009 DEC -8 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HARDY AUTOMOTIVE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 12, 2009 and assigned Florida document number L09000024173.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3511 NW 19 STREET

(Principal office address MUST BE A STREET ADDRESS)

LAUDERDALE LAKES, FL 33311

Enter new mailing address, if applicable:

HARDY AUTOMOTIVE, LLC C/O STUART TELLER

(Mailing address MAY BE A POST OFFICE BOX)

7320 GRIFFIN ROAD SUITE 216

DAVIE, FL 33314

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

STUART A TELLER, PA

New Registered Office Address:

7320 GRIFFIN ROAD SUITE 216

Enter Florida street address

DAVIE

, Florida

33314

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.


Stuart A. Teller
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SHMUEL NEWMAN	C/O STUART A TELLER PA 7320 GRIFFIN ROAD SUITE 216 DAVIE, FL 33314	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated DECEMBER 7 2009



Signature of a member or authorized representative of a member

SHMUEL NEWMAN

Typed or printed name of signee

2009 DEC - 8 PM 05
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA