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(Requestor's Name)				
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(Sasinoss Emily Marie)				
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COVER LETTER

Division of Corporations					
SUBJECT: TEMPLE AUTO SOUES 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:					
CRYSTAL DAVENPORT- HARRIS Name of Person					
TEMPLE AUTO SAIG, LLC Firm/Company					
6800 ambassador Dene					
Or IAndo, Fi 32808 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
JEANNET ST. CLAIR at (407) 610-2245 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} Certified Copy (addit					

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

TEMPLE AUTO SAIGI 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 $\frac{4/9/2009}{2009}$ and assigned Florida document number $\frac{L09000034736}{2009}$.
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:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
New Registered Office Address: Enter Florida street address:
, Florida 2021 M
City 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 accument 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					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
MGR	2 Jignashur	R. VORA 2330 Virginia drive	P		
MGA	C IBRAHIM NA	1 FEEE 908 BRANHEY DRIV Longwood, Pt. 327	E DAdd 79 Remove		
MGr	R AYUB AHI	MED. 908 BRANTLEY DRI LONGWOOD, FR 32	VE DAdd 779 Remove		
			Add Remove		
			Add Remove ∵		
			Add Remove		
D. If a	mending any other information	n, enter change(s) here: (Attach additional sheets, if i	necessary.)		
Dated _	SECEMBER 17 X CROWLAND Signatur CRYSTAL	A Harris - Tree of a member or authorized representative of a member DAVENPORI - HARRIS Typed or printed name of signee	O9 DEC 24 AM 8: SELVE TALLAHASSIE FLO		
•		Typed or printed name of signee Page 2 of 2	RIDA RIDA		

Filing Fee: \$25.00