L09000037394

*
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09 DEC 24 AM 8: 32

T. HAMPTON
DEC 2 8 2009
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	Motor	r Nation LLC		
	Name of Limi	ted Liability Company		
	Amendment and fee(s) are sub	<u>-</u>		
The state of the s		to the following.		

		Name of Person		
	Motor Nation LLC Firm/Company			
	410 Poinciana Dr. Address			
	Sun	ny Isles Beach, Fl 33160		
	Juni	City/State and Zip Code		
	F. mail address (ben.lagru@gmail.com to be used for future annual report notifica	v(on)	
For further information of	concerning this matter, please c	·	uion)	
. c. rama manan	encerning and maner, prouse o			
Ruben Lagru Name of Person		at (305) 7	78-1459	
Hame o	1 7 613011	Area code & Daytime	reteptione (wanter	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		STREET/COURIE Registration Section Division of Corporat		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cent		

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 DEC 24 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 15, 2009

RUBEN LAGRU 410 POINCIANA DR SUNNY ISLES BEACH, FL 33160

SUBJECT: MOTOR NATION LLC Ref. Number: L09000037394

We have received your document for MOTOR NATION LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 109A00038142

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mot	or Nation LLC			
• (<u>Name of the Limited Liability</u> (A Florida L	Company as it now appea imited Liability Company)	rs on our records.		
The Articles of Organization for this Limited Liability Co	ompany were filed on	04/17/2009	and a	ssigned
Florida document numberL0900037394	<u>.</u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company her	<u>·e</u> :		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compa	any," the designation "L	LC" or the	e abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)		9	No.
			 	26
Enter new mailing address, if applicable:			C 24	GENT CONTRACTOR
(Mailing address MAY BE A POST OFFICE BOX)			AM	खेन [्]
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		·	32	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		our records, <u>enter t</u>	he name	otthe nev
Name of New Registered Agent:				
New Registered Office Address:				
new negistaria Cittle Address.	Enter Florida street address			
		, Florida		
	City		Zip Co	de

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

v. 3.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member						
<u>Title</u>	Name	Address	Type of Action			
MGRM	Ali Khan	5612 E 8th Ave Hialeah, Fl 33013	Add Remove			
<u>:</u>			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE OF ORATIONS OP DEC 24 AM 8: 32			
Dated	December 9 ,	2009	Y *.			
	Signature of a r	member or authorized representative of a member				
		Ruben Lagru Typed or printed name of signee	 -			

Page 2 of 2

Filing Fee: \$25.00