

LD9 000055350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

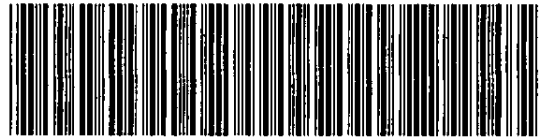
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900162382729

11/06/09--01032--002 \*\*25.00

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2009 NOV -6 AM 11:17

FILED

T. CLINE

NOV - 9 2009

EXAMINER

LAW OFFICES  
**LEGON PONCE & FODIMAN, P.A.**

TODD R. LEGON  
S. DANIEL PONCE  
TODD A. FODIMAN  
JEFFREY A. SUDDUTH

1111 BRICKELL AVENUE  
SUITE 2150  
MIAMI, FLORIDA 33131

TELEPHONE (305) 444-9991  
FAX (305) 444-9937  
E-MAIL: LAWFIRM@LPFLAW.COM

LIAM P. KELLY  
A. SHEILA ORETSKY\*  
ALICIA M. OTAZO-REYES  
WILLIAM F. RHODES

OF COUNSEL  
MILTON J. WALLACE

November 5, 2009

\* ALSO ADMITTED IN NEW YORK

**Via Federal Express**

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

**Re: Articles of Amendment for Warren Henry Volvo, LLC**

To Whom it May Concern:

Enclosed please find Articles of Amendment to Articles of Organization for Warren Henry Volvo, LLC, together with its respective cover letter. Also enclosed is a check in the amount of \$25.00 representing the fee for filing the Articles of Amendment.

If you have any questions regarding the enclosed, please do not hesitate

Very truly yours,

LEGON PONCE & FODIMAN, P.A.

*Todd A. Fodiman*  
TODD A. FODIMAN

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
NOV 6 AM 11:17

FILED

TAF/oac  
Encl.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WARREN HENRY VOLVO, 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:

TODD A. FODIMAN  
Name of Person  
LEGON PONCE & FODIMAN, P.A.  
Firm/Company  
1111 BRICKELL AVENUE, STE. 2150  
Address  
MIAMI, FLORIDA 33131  
City/State and Zip Code  
tfodiman@lpflaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIK DAY at ( 305 ) 690-6073  
Name of Person Area Code & Daytime Telephone Number

FILED  
2009 NOV -6 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**

**WARREN HENRY VOLVO, 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 July 08, 2009 and assigned Florida document number L09000055350.

This amendment is submitted to amend the following:

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

**WARREN HENRY MOTORS, LLC**

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 \_\_\_\_\_

*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 = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

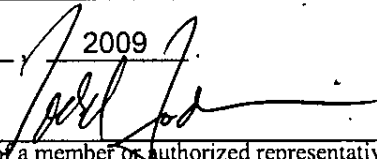
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 NOV -6 AM 11:17

FILED

Dated NOVEMBER 5 2009



Signature of a member or authorized representative of a member

TODD A. FODIMAN

Typed or printed name of signee