L0900064872

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T. HAMPTON
JUL 2 0 2009

EXAMINER

COVER LETTER

	Division of Co						
SUBJEC	Т:		y D Used Cars L L C				
		Name of Limi	ited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub-	omitted for filing.				
Please ret	urn all corresp	ondence concerning this matter	to the following:				
			Charles L Delaney				
	Name of Person						
	Grumpy D Used Cars 120						
	Firm/Company						
		P.O. Box 449					
	Address						
		Cross City FL 32628					
			City/State and Zip Code				
•	papa20granny@yahoo.com E-mail address: (to be used for future annual report notification)						
For further	er information (concerning this matter, please o	•				
Charles L Delaney Name of Person			at (352) 498-1598 Area Code & Daytime Telephone Number				
	Name	of Terson	Area Clue & Daytine Telephone Number				
Enclosed	is a check for t	he following amount:					
\$25.00	O Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations dox 6327 assee, 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

Grumpy D ((Name of the Limited Liability Compa (A Florida Limited L	Used Cars L.L.C., ny as it now appears on our records.) Clability Company)		
The Articles of Organization for this Limited Liability Company Florida document numberL0900064872	were filed onJuly 06, 2009	and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "I	LC" or the ab	breviation
Enter new principal offices address, if applicable:	19108 Hwy 19		0
(Principal office address MUST BE A STREET ADDRESS)	Cross City FL 32628	الل وو	SECRE
	D.O. Roy 440	17	FILES PF COR
Enter new mailing address, if applicable:	P.O. Box 449		OR S
(Mailing address MAY BE A POST OFFICE BOX)	Cross City FL 32628	<u>=</u>	A F
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		he name of	the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street add	ress	
	, 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

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			□ D
			D Damovo
			□ Damaua
			Add Remove
<u></u>	·		⊟ n
If amen	ding any other information	, enter change(s) here: (Attach additional shee	FILED STATISTICS OF CORPORATION OF C
nted	July 16	. 2009 .	37 OKS
	Signatu	re of a member or authorized representative of a me Charles L Delaney Typed or printed name of signee	mber

Page 2 of 2

Filing Fee: \$25.00