L09000081297

(Requestor's Name)					
(Address)					
(Address)					
(Addiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000179924620

05/03/10--01017--031 **25.00

FILED 2010 MAY -3 PM & 4.6 SECRETARY OF STATE SECRETARY OF STATE

C. LEWIS

MAY 4 2010

EXAMINER

COVER LETTER, Registration Section *Division of Corporations DeGeorge Automotive Group LLC SUBJECT: _ 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: Michael DeGeorge Name of Person DeGeorge Automotive Group LLC Firm/Company 429 Fairy Lake Lane Address Longwood FL 32750 City/State and Zip Code degeorge429@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael DeGeorge Area Code & Daytime Telephone Number 339-7112 Name of Person Enclosed is a check for the following amount: **✓** \$25.00 Filing Fee **\$30.00** Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) 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

DeGeorge Automotive Group LLC SECRETARY OF STATE [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 Jan 26, 2010 and assigned Florida document number L0900081297
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 abbreviatio "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 neregistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
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 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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	Tanya M Weckler	13655 Podocarpus Ln Orlando FL 32828	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
_			
_			FILE SECRETARY
Dated	April 30	2010 nember or authorized representative of a member	F.F.C.
		Michael DeGeorge Typed or printed name of signee	ATE RIDA

Page 2 of 2

Filing Fee: \$25.00