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SECRETARY OF STATE
TALLAHASSEE, FLORID

D. BRUCE

OCT 19 2011

EXAMINER

COVER LETTER

Division of C				
SUBJECT:SAKURA MOTORS, LLC				
		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
		Cesar Ponce		
		Name of Person		
Immigration Services, LLC				
		Firm/Company		
	40	05 NW 114th AVENUE		
		Address		₹ .
		D F 00470		
		Doral, FL 33178 City/State and Zip Code		
	coonce@	@immigrationservicesllc.con	n	TIB MA
	E-mail address: (to be used for future annual report notifi	cation)	FR S
For further information	concerning this matter, please	call:		F STATE FLORIDA
	Cesar Ponce	at (305)	718-8813	>
Namo	of Person	Area Code & Daytime	Telephone Number	
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)	Certified	te of Status &
Regi	LING ADDRESS:	STREET/COURIER ADDRESS: Registration Section		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAKURA MO	OTORS, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	<u>ny as it now appea</u> Ciability Company)	rs on our records.	
The Articles of Organization for this Limited Liability Company Florida document numberL09000111897	were filed on	11/20/2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	2900 NW 72nd AVENUE		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33	3122	
			ALERE ST
Enter new mailing address, if applicable:	2950 NE 188	Sth STREET. Sui	te-510
(Mailing address MAY BE A POST OFFICE BOX)	Aventura, FL	. 33180	E P
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter</u>	REPERTURE OF the new
Name of New Registered Agent:			····
New Registered Office Address:			
	Ei	nter Florida street ad	ddress
	City	, Florida _	Zip Code
	Cuy		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, <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 **Title Type of Action** <u>Name</u> <u>Address</u> ☐ Add ☐ Remove ☐ Add ☐ Add ☐ Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 07 2011 Dated_ Signature of a member or authorized representative of a member Eutimid A. Correa Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00