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(Requestor's Name)							
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T. HAMPTON

DEC 2 9 2009

EXAMINER

COVER LETTER

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TO:

TO:	Registration S Division of Co					
SUBJE	·CT·	NADER AU	TO BROKERS LLC			
30131			ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			GUSTAVO NADER			
			Name of Person			
NADI			R AUTO BROKERS LLO	<u></u>		
			Firm/Company			
			1493 GARDEN RD			
			Address			
WESTON, FL 33314						
City/State and Zip Code						
		GL E-mail address:	usnader@hotmail.com to be used for future annual report no	atification)		
For fur	ther information	concerning this matter, please of		rincaron)		
	GUS	TAVO NADER	at (_954_)	394-6661		
	Name	of Person	Area Code & Day	time Telephone Number		
Enclos	ed is a check for t	he following amount:				
₹ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	ed)	
	Regist Divisi P.O. E	LING ADDRESS: cration Section on of Corporations dox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NA (Name of the Limite	DER AUTO I d Liability Compa	BROKERS LL	C s on our records.)		
(Name of the Limite	A Florida Limited	Liability Company)			
The Articles of Organization for this Limited 1	Liability Company	were filed on	12-21-2009	and as	signed
Florida document number L0900012	0539				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company here	:		
_	N/A	Ą			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compar	ny," the designation "I	LC" or the	abbreviation
Enter new principal offices address, if appli	N/A			<u>ت</u>	
(Principal office address MUST BE A STRE			90	_ <u>¥</u> 85	
				99	<u> </u>
				28	
Enter new mailing address, if applicable:	1493 GARDEN RD		:10		
(Mailing address MAY BE A POST OFFICE	WESTON, FL 33326			PUS -	
				ယ္	AIA
		_		•	SXO
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		re:	ur records, <u>enter (</u>	the name	of the nev
New Registered Office Address:	1493 GARI	DEN RD			
New Registered Office Address.	Enter Florida street address				
		WESTON	, Florida	3332	26
	City	,	Zip Coa	le	
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>			
I hereby accept the appointment as register					

If Changing Registered Agent, Signature of New Registered Agent

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** Address Title <u>Name</u> JUAN C ECHEVARRIA 1493 GARDEN RD ☐ Add Remove WESTON, FL 33314 ☐ Add Remove ☐ Add ☐ Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A **DECEMBER 22** 2009 Dated_ a member or furthorized representative of a member **GUSTAVO NADER** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00