## L10000013489

(Requ	estor's Name	)
(Addre	ess)	
(Addre	:SS)	
(City/S	tate/Zip/Phor	ne #)
_		_
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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

AUG 2 9 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	Cars of	Sarasota LLC		
	Name of Lim	ted Liability Company		
	of Amendment and fee(s) are sul	-		
ricase return an corresp	condence concerning this matter	to the following.		
		Christopher Berloni		
		Name of Person		
	(	Cars of Sarasota LLC		器 一
		Firm/Company		誤るア
		4353 Clark Rd		ANG 26 PH 1: W
		Address		70 -
		Sarasota FL 34233		ORIO ORIO
		City/State and Zip Code		<b>T</b>
	Chr E-mail address: (	is@carsofsarasota.com	tification)	
For further information	concerning this matter, please	eall:		
(	Chris Berloni	at ( 941 )	312-4646	
Name	of Person	Area Code & Dayti	ime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)		of Status &
MAI	LING ADDRESS:	STREET/COU	RIER ADDRESS:	

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

STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Cars of Sarasota LLC

(Name of the Limites	1 Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on	02/04/2010	and assigned
Florida document numberL1000001	3489		
This amendment is submitted to amend the foll  A. If amending name, enter the new name of	J	<u>re</u> :	FILE PH BING 26 PH SECRETARSEE.
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liability Comp	any," the designation "	LLC" of the abbreviatio
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and registered agent and/or the new registered o	•	our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:	Les Gardi CPA		
New Registered Office Address:	7061 S Tamiami Trail		
<del> </del>	Ei	nter Florida street add	dress
	Sarasota	, Florida	34231
	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, <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

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgrm	BERNET, HANS P	5123 87th Ct E Bradenton FL 34211	Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			□ Add □ Remove
<del></del>			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
			FIL TH AUG 26 SECRETARY SAYLAHASSEI
Dated	Signature of a member	er or authorized representative of a member	STATE STATE
		A e - Bec/s n.  Tor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00