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SEGRETARY OF STATE

COVER LETTER

TO: Regisfration Section Division of Corporations		
SUBJECT: St. George Awto Brokers, LLC. Name of Limited Liability Company	د م شـ	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	2010 OCT 2	
Please return all correspondence concerning this matter to the following: Frank Abadeer Name of Person	25 PH JE 44 JARY OF STATE ASSEE, FLORE	
St. George Auto Brokers LLC Firm/Company	67 5	•
6302 Old Cheney Huy		
Orlando, FL, 32807 City/State and Zip Code Stange brokers @ aol. com E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		
Frank A La deer at (407) 529-9941 Name 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 Certified Copy (additional copy is enclosed) \$60.00 Filing Certified Copy (additional copy is enclosed) \$60.00 Filing Certified Copy (additional copy is enclosed)	of Status &-	
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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

. St. George Au		sers LLC	3.0 2	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears o bility Company)	n our records.		
		2 10 2010	発言	
The Articles of Organization for this Limited Liability Company w	ere filed on	3-18-2010	Sand assigned	
Florida document number <u> </u>			F 2	
			FLO W	
This amendment is submitted to amend the following:			器語 5	
A. If amending name, enter the new name of the limited liabili	ty company here:		יבו	
The new name must be distinguishable and end with the words "Limite" L.L.C."	1 Liability Company,	" the designation "Ll	C" or the abbreviation	
Enter new principal offices address, if applicable:	6302	OH Ch	ene. Hu	
(Principal office address MUST BE A STREET ADDRESS)	Osland	12 E/ 3	eney Hury	
Trincipal Office address MOST BE A STREET ADDRESS)	Or (and	30, PC = 5	200/	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			 	
				
B. If amending the registered agent and/or registered office	e address on our	records, enter th	e name of the new	
registered agent and/or the new registered office address here:				
Name of New Basistand Access	ira Ganaz			
Name of New Registered Agent: Mos h	ira Galla L	49		
New Registered Office Address:	Frederic	Florido escadado		
	Enter Florida street address			
	~ .	, Florida	7: 0 1	
	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

MGRM = Managing Member <u>Address</u> Type of Action Title <u>Name</u> MGRM Moshica Gadalla ☐ Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 2010. Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00