L10000036/25

Office Use Only

B. KOHR
AUG 8 2011
EXAMINER



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SCORETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STUART AUTO MALL LLC 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:
ELOY GARCIA Name of Person
Stuant Auto MALL Firm/Company
943 NW 16th PL Address
Address
STUANT F1 34994
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ELOY GARCIA at (305) 772 - 1520 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}}



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

Stuart AU	to MALL. LLC
(Name of the Limited Liabil	lity Company as it now appears on our records.) la Limited Liability Company)
(A FIORE	a climited chability Company)
The Articles of Organization for this Limited Liability	Company were filed on 8/2/// and assigned
Florida document number <u>L 10000036</u>	125
riorida document number = 10000030	
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the li	mited liability company here:
	words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."	words Limited Liability Company, the designation LLC of the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	sistered office address on our records, enter the name of the new
registered agent and/or the new registered office a	ddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
•	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.

City

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 **Type of Action** Title Address <u>Name</u> 5525 NW MANVILLE DRIVE Add MGRM MARZORODRIGUEZ ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) . 2011 . Signature of a member or authorized representative of a member FLOY GARCIA
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00