## 110000037273

	(Requestor's Name)				
1	(Address)				
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	(City/State/Zip/Phone	#)			
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	(Business Entity Nam	e)			
(Document Number)					
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## **COVER LETTER**

	of Corporations		
SUBJECT:	1st Natio	onal Motors, LLC	
	Name of Lin	nited Liability Company	<del></del>
The enclosed Artic	cles of Amendment and fec(s) are su	bmitted for filing.	
Please return all co	orrespondence concerning this matte	er to the following:	
		Jeruel U. Mendez	2011 NOV 14 SECRETAR TALLAHASS
		Name of Person	AR <b>8</b>
	1s	st National Motors, LLC	[1,1]<
		Firm/Company	
6711 N. FLORIDA		711 N. FLORIDA AVE.	STATE
` · •	1	Address	
		TAMPA FL 33604	
	_	City/State and Zip Code	
	E-mail address:	ationalmotors@yahoo.com (to be used for future annual report notificati	on)
For further information	ation concerning this matter, please	call:	
	Jeruel U. Mendez		443-0767
1	Name of Person	Area Code & Daytime Te	dephone Number
Enclosed is a check	k for the following amount:		
□ \$25.00 Filing F	Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fce & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section	STREET/COURIER Registration Section	ADDRESS:

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

	st National Motors, LLC	· · · · · · · · · · · · · · · · · · ·	
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Li Florida document number L10000037	· · ·	04/06/2010	and assigned
This amendment is submitted to amend the follo	•		2011 R
A. If amending name, enter the new name of			CARETAR)
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Compar	ny," the designation	"ITES or the abbreviat
Enter new principal offices address, if applica	able:		ORLIN
(Principal office address MUST BE A STREE	T ADDRESS)		<b>—</b>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)		
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered office address on or fice address here:	ur records, <u>enter</u>	the name of the no
Name of New Registered Agent:			
New Registered Office Address:	·		
	Ente	er Florida street ad	dress
		, Florida	
	City		7in Coda

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>Title</u> Name **Type of Action Address** MGRM Berkys HEUREAUX 7711 N. FLORIDA AVE. ☐ Add Tampa, FL 33604 Remove MGRM Robert S. Nicolet 7711 N. FLORIDA AVE. Tampa,FL 33604 Remove ☐ Add Remove Add Remove ∐Add Remove ∏Add 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 Jeruel U. Mendez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00