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-	(Requestor's Name)	
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	(City/State/Zip/Phone	#)
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T. CLINE

JUN 15 2010

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	Bee	line Auto Broke	rs LLC	
	Name	of Limited Liability Co	ompany	
Dear Sir or Madam:				
The enclosed Article	es of Correction and fee(s)	are submitted for filing.		
Please return all corr	respondence concerning the	is matter to the following	g:	
	Nketeh Emeka Her	nn.		
	Name of Person	шу	_	
В	seeline Auto Brokers	LLC	_	
	Firm/Company			
	3101 McCoy Road Address	<u>d</u>	_	T. 12
	Orlando, FL 3281	2		ZELO JUN 14 AM 9: 47 SECRETARY OF STATE FALLAHASSEE, FLORID
	City/State and Zip Code		_	
				RY OF
scribe	accountingservices(: (to be used for future ann	Dlive.com	_ -	770
E-man address	. (to be used for future and	uar report notification)		9: 47 STATE FLORIDA
For further informati	ion concerning this matter,	please call:		
	eh Emeka Henry une of Person	at (678) 663-4797 ode & Daytime Telephone Numb	er .
144	mic of f croon	711011 CC	ac de isayume reiephone reamo	VI.
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent	tions		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida	32301		· withingson i tollan vasti	
Enclosed is a check	for the following amount	:		
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (08/05)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Beeline Auto	Brokers LLC	,		
(Name of the Limite	d Liability Compa A Florida Limited	i <mark>ny as it now appe</mark> Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Florida document numberL1000004		were filed on	April 29, 2010	and assigned	ned
This amendment is submitted to amend the following	•				
A. If amending name, enter the new name	of the limited liab	oility company he	<u>re</u> :		
The new name must be distinguishable and end w "L.L.C."		ited Liability Comp	pany," the designation	"LLC" or the abl	 oreviation
Enter new principal offices address, if appli			- · · · · · · · · · · · · · · · · · · ·	,	
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:		P.O.BOX 62	1765	2119 JUN TALLAH	Constitution of the second of
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL	32862 - 1765	14 SS	· ·
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered of	ffice address on re:	our records, <u>ente</u>	E OF STAR 9: the name of	the new
Name of New Registered Agent:					
New Registered Office Address:	3101 McCoy Road				
	Enter Florida street address				
	Orlando		, Florida	32812	
	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 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 **Title** <u>Address</u> Type of Action Name 1 Remove ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. To change MGR Name as it appears in his driving license as follow: Nketeh Emeka Henry June 10 2010 Dated __ Signature of a member or authorized representative of a member Nketeh Emeka Henry Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00