11000056890

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EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 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:
Orlina Joseph Name of Person
Jason Auto Sales LLC Firm/Company
4145 crange Blosson fruit # B
Crity/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (47) 844 5283 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

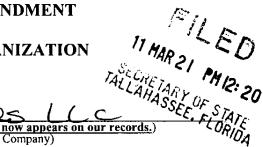
MAILING ADDRESS:

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



The Articles of Organization for this Limited Liability Company were filed on 05-26-10 and assigned Florida document number 1 000056890

A. If amending name, enter the new name of the limited liability company here:

This amendment is submitted to amend the following:

"L.L.C."	414 S. orange Blossom trail
Enter new principal offices address, if applicable:	# DI S. DI WITE BUSSONE HOICE
(Principal office address MUST BE A STREET ADDRESS)	Orlando FL 32805
Enter new mailing address, if applicable:	PO BOX 551212 CHICANDO PL 32855
(Mailing address MAY BE A POST OFFICE BOX)	041040do PC 32855
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

Zip Code

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
). If amei 	nding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	
			_
_			
Dated	March 16,2	011	
	Oxline de	mber or authorized representative of a member COV /ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00