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Certified Copies	Certificates	of Status
Special instructions t	o Filing Officer:	
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**EXAMINER** 

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## COVER LETTER

TO: Registr Divisio	ration Section n of Corporations				
SUBJECT:	AUTOPLEX USED CAR SUPER CENTER LLC	JTOPLEX USED CAR SUPER CENTER LLC			
	Name of Limited Liability Company				
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.				
Please return all	correspondence concerning this matter to the following:				
• • •	MOHSANA S LEWIS				
•	Name of Person				
	Firm/Company				
• '		•.			
	3450 6TH AVE NORTH	•			
	Address	T. 2			
•	SAINT PETERSBURG FL 33713				
	City/State and Zip Code	BIO JUN 16	7-00-00		
· '_	E-mail address: (to be used for future annual report notification)	(1)	j.		
For further infor	mation concerning this matter, please call:	PH 3:			
	MOHSANA LEWIS at ( 727 ) 323-4301	57			
	Name of Person Area Code & Daytime Telephone Number				
Enclosed is a ch	eck for the following amount:				
\$25.00 Filing	Certificate of Status . Certified Copy . Certificate	e of Status & 🧸			
	(additional copy is enclosed) Certified (additional	Copy il copy is enclosed	1)		
•	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

AUTOPLEX USED CAR SUPER CENTER LLC

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Compan	ny were filed on06/01/2010 and assigned		
***************************************	i i		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
N/	/A		
The new name must be distinguishable and end with the words "Lir" L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	541 34TH STREET S		
(Principal office address MUST BE A STREET ADDRESS)	ST PETERSBURG FL 33711		
Enter new mailing address, if applicable:	3450 6TH AVE NORTH		
(Mailing address MAY BE A POST OFFICE BOX)	SAINT PETERSBURG FL 33743		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, enter the name of the new		
Name of New Registered Agent: N/A	:		
- New Registered Office Address:			
	. Enter Florida street address		
· · · · · · · · · · · · · · · · · · ·	, Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u> *		

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 Type of Action Title Name <u>Address</u> **MGRM** AYESHA MITU Add Remove Add Remove ☐ Add Remove ∑}\dd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) CHANGING BABU H MUSHARRAF FROM MGRM POSITION TO MGR ONLY 06/14 2010 Dated Signature of a member or authorized representative of a member

MOHSANA S LEWIS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00