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S. HAWKES

JUL 2 3 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Deals on wheels auto Sales 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:	
Donnie C Lhite H	10 70 10 31 90 1
Name of Person	
Deals on wheels auto sales the	
gentle,	<u>.</u> '.
6659 graped Daks Dr N	
Address	
Jacksonville Florida 32244	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Dannie L White II #1904, 525-5773	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
☑\$25:00 Filing Fee ☐\$30.00 Filing Fee & ☐\$55:00 Filing Fee & ☐\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &	
(additional copy is enclosed) Certified Copy (additional copy is enclosed)	
(additional copy is divisional)	
MAILING ADDRESS: STREET/COURIER 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

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number <u>L10000019191</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: for Wheels Auto Sales The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 Lam 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					- 4		
Title	<u>Name</u>	 سعد		dress	1.		Type of Action
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D. If amendi	ng any other inform	ation, enter ch	ange(s) he	re: (Attach ada	ditional sheet	s, if necessary	Remove
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Filing Fee: \$25.00