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11 MAR 31 AM II

SECRETARY OF STATE
IVISION OF CORPORATION

T. HAMPTON

APR - 1 2011

EXAMINER

COVER LETTER

PO: Registration Section Division of Corporations						
SUBJECT: AZOK AUTO Sales LLC Name of Limited Liability Company						
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:						
Halwyn Hardage Name of Person						
Azak Auto Sales, LLC Firm/Company						
6146 NW gingen Lane						
PORT Soist Lucie FL. 34986 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Kalwyn Talorne at 772 - 985 - 2186 Name of Person Area Code & Daytime Telephone Number						
Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}						
MAILING ADDRESS: Registration Section Division of Corporations 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAR 31 AM A: 43 lity Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 0 | - 0 5 - 2 0 (and assigned 1100000 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 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	Address	Type of Action
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				AddRemove
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D. If a	mending	any other information, enter c	hange(s) here: (Attach additional sheets, if nec	SECRETAR IVISION OF (
				Y OF STATE CORPORATIONS
Dated _	***************************************	16,	·	
		Halwyn Halwyn H	mber or authorized representative of a member A Congression of signee	

Page 2 of 2

Filing Fee: \$25.00