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B. BOSTICK
AUG 1 9 2011
EXAMINER

# **COVER LETTER**

Division of Co	orporations	
SUBJECT:	Morici Automotive Group, LLC Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
·	Louis Mosici Name of Person	
	Morici Attomotive Group UC Firm/Company	
	1111 East Sunise Blud. #806	
	fr. Landerdale, fr. 3330f City/State and Zip Code	
	TALL 11	
For further information		OPPOSED.
Louis	Morici at (56) 716-6463	
нате	Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	sed)

### MAILING ADDRESS:

TO:

**Registration Section** 

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

(Name of the Limited Liability Company as it now as  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company, were filed on	00/1/00/1				
The Articles of Organization for this Limited Liability Company were filed on					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company	<u>/ here</u> :				
The new name must be distinguishable and end with the words "Limited Liability C"L.L.C."	ompany," the designation "LLC" or the abbreviatio				
Enter new principal offices address, if applicable:	Pr _				
(Principal office address MUST BE A STREET ADDRESS)					
	CO COMPANY				
Enter new mailing address, if applicable:	TT C				
(Mailing address MAY BE A POST OFFICE BOX)	RID RID				
	D				
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the nev				
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	, Florida				
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 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 = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MRM	Michael Deleo	97 N. Andrews frence If. Landerdale, 41. 33304	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
D. If amendi	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	y.) 
		L A	
and the second s			Tip III
Dated	fig. 16th, 20	ORIDA	: : : : : : : : : : : : : : : : : : :
-	Louis N	or authorized representative of a member  O / O O  or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00