110000 22243

(Requestor's Name)
(Address)
(Address)
(italias)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Caemese Zhan, Henre,
(Document Number)
Certified Copies Certificates of Status
Consistent and Ellison
Special Instructions to Filing Officer:

Office Use Only



200200643232

04/07/11-01005-002 **25.08

11 APR -7 AM II: 10

T. HAMPTON

APR - 8 2011

EXAMINER

Division of Corporations				
SUBJECT: WOW AUTO DEALS 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:				
Juan Caples Costavaspia Name of Person				
WOW AUTO DEALS LLC Firm/Company				
5071 S. State Road 7, #705				
DAVIE FL 33314 City/State and Zip Code				
E-mail address: (to be used for future alanual report notification)				
For further information concerning this matter, please call:				
Suan Callos Contavardía at 954) - 817 - 2394 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 (additional copy is enclosed) \$40.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

__ 11 APR -7 AM 13: 16

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Companies of Organization for the Organization for	y were filed on 82/22/2011 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1000 NE GTH STREET FORT LAUDERDALE, P. 33304			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1000 NE GTH STREET FORT LANDERDALF, FL 33304			
B. If amending the registered agent and/or registered or 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: New Registered Office Address: FORT	Juan Carlos Certavarria 1000 NE 6TH STREFT Enter Florida street address FORT LANGROALE Florida 33304 City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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.

or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
ngri	1 Amandine	Afonso 1000 NE FORT LAW 33304	GTH STREET Add DER DALE, FL Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			AddRemove
D. If an	March 3+st April 18t	n, enter change(s) here: (Attach addition)	SECRETARY OF STATE DIVISION OF CORPORATIONS 11 APR -7 AM (% 16)
	2	\sim 1 \sim 1	allia

Page 2 of 2

Filing Fee: \$25.00