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11 JUN 23 AM 11: 30
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

JUN 24 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Freedly	Can Scles of South ) Name of Limited Liability Company	Florida, LLC				
The enclosed Articles of Amendment and	d fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
	David Billa Name of Person					
<del>- ,, , , , , , , , , , , , , , , , , , </del>	Name of Person	- U				
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,	runzeompany	AZ NZ				
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	Firm/Company  Firm/Company  Address  Auderhil Florida  City/State and Zip Code	FOURTHARY OF STATE AND				
	bilia 2 @ G Mail. Com i-mail address: to be used for future annual report notificati	ion)				
For further information concerning this r	natter, please cali:					
MoTi Bilic  Name of Person	at ( <u>954)</u> <u>557 - 7</u> Area Code & Daytime Te	7/05 Slephone Number				
Enclosed is a check for the following am	ount:					
\$25.00 Filing Fee \$30.00 Fil Certification	ing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy				

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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 \_\_\_ Florida document number \_\_\_\_LII\_000051922 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Friendly CAR Saks Of South Flore OA, LLC

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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
c-Theas	Stephen Zeleznik	Plastation, FL 33317	Add Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
<u></u>	<u></u>		Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary	
			FILED 11 JUN 23 AH II: SECRETARY OF \$ TO ALL AHASSEE, FLOO
Dated	June 20/2	4	ATE 30
	- 1 1/	or authorized representative of a member  hai Bilia or printed name of signee	
	1	Page 2 of 2	

Filing Fee: \$25.00