

L 11000078841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

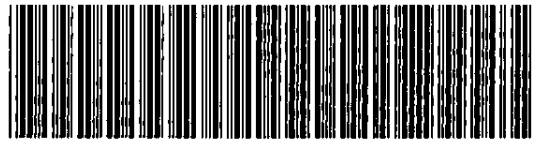
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200213168542

10/11/11--01034--017 **60.00

FILED
11 OCT 11 PM 12:45
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 13 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CMK Automotive 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:

Kimberly Powell
Name of Person

Firm/Company

11605 3rd Street East 207
Address

Treasure Island FL 33706
City/State and Zip Code

kimberlypowell@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Powell at (813) 850-6535
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
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

FILED
11 OCT 11 PM 12:45
TALLAHASSEE, FLORIDA

CMK Automotive LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/8/2011 and assigned Florida document number L11000078841.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

J & M Motors 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)

6450 Park Blvd.
Pinellas Park FL 33781

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6450 Park Blvd.
Pinellas Park FL 33781

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: N/A Same Person
New Registered Office Address: 6450 Park Blvd.
Enter Florida street address
Pinellas Park, Florida 33781
City Zip Code

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

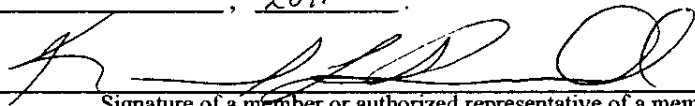
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael Hughes	11605 3rd Street East Treasure Island FL 33706	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	John King	4945 New England Blvd. New Port RICHEY FL 34652	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____, 2011.



 Signature of a member or authorized representative of a member
 Kimberly L. Powell

 Typed or printed name of signee