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Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

Office Use Only



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SEPRITARY OF STORE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CAR DEALS TO BEAT, 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:
Name of Person
Name of Person
Firm/Company
BOCA RATON FL 33496 City/State and Zip Code RONO 214@ ADL. COM E-mail address: (to be used for future annual report notification)
Address
BOCA RATON FL 33496
City/State and Zip Code
RONO 214@ ADL. COM
2 man address (to be used to relate difficult report fortheation)
For further information concerning this matter, please call:
Name of Person at (16) 715-1660 Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

	TO BEAT, LLC			
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)			
The Articles of Organization for this Limited Liabi	ility Company were filed on July 11, 201	and	assigi	ned
Florida document number <u>L110060793.</u>	<u></u>		J	
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability company here:			
BEST GAR SAVING	5, LLC ne words "Limited Liability Company," the designation			
The new name must be distinguishable and end with th "L.L.C."	he words "Limited Liability Company," the designation	'LLC" or t	he abb	reviation
Enter new principal offices åddress, if applicabl	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> e <u>address here</u> :	the nam	e of t	the new
Name of New Registered Agent:		三		
New Registered Office Address:			<u>e</u>	
	Enter Florida street aa	dress	œ	Z Internation
-	, Florida _			
New Registered Agent's Signature, if changing Regi	City	到	oge	
ven registeren Agent 5 Signature, 11 enanging Regi	Stereu Agent:	\bigcirc m	(3)	

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

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MGR = Manager

<u> Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
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		,	Add Remove
			Add Remove
***************************************			Add Remove
			Add Remove
). If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
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			_
Dated <u>Ad</u>	Ronaed Opper		
	KONLID OPPER	or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00