

L11000079894 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECTION OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 28 2011

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAR-SPHERE USA 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:

Lloyd Granet

Name of Person

Lloyd Granet, P.A.

Firm/Company

2295 NW Corporate Boulevard, Suite 235

Address

Boca Raton, FL 33431

City/State and Zip Code

lgranet@granetlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lloyd Granet

Name of Person

at ( 561 )

999-9300

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

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*ash*

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CAR-SPHERE USA 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 07/12/11 and assigned  
Florida document number L11000079894.

This amendment is submitted to amend the following:

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

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: c/o College Auto Sales of Florida, Inc.  
(Principal office address MUST BE A STREET ADDRESS) 9050 NW 27TH AVE  
MIAMI, FL 33147

Enter new mailing address, if applicable: c/o College Auto Sales of Florida, Inc.  
(Mailing address MAY BE A POST OFFICE BOX) 9050 NW 27TH AVE  
MIAMI, FL 33147

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: College Auto Sales of Florida, Inc.  
New Registered Office Address: 9050 NW 27TH AVE  
Enter Florida street address  
Miami, Florida 33147  
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.

Signature of New Registered Agent  
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

College Auto Sales, Inc

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

Title	Name	Address	Type of Action
MGR	College Auto Sales of Florida, Inc.	9050 NW 27TH AVE MIAMI, FL 33147	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

Sep 21, 2011

Signature of a member or authorized representative of a member

FADI A. CHAMPA

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*[Handwritten signature]*