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SECRETARY OF STATE

T. CLINE
SEP 30 2011
EXAMINER

Corp. 38 AUTO Sales LLC

and: Sady BenAm 305-336-8778

Adress: 4701 Sw 45th ST building 18, boy 28 DAVIE, FL, 33314

thanks & such

II SEP 29 PUII:

COVER LETTER

TO: . Registration S Division of Co					
SUBJECT:	3B Aut	to Sales, LLC.		_	
	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
		SADIA BENAMU		_	
		Name of Person			
		3B Auto Sales, LLC.			
	· · · ·	Firm/Company		<u> </u>	
	4701 sw	45th street, building 18	bay28		
		Address			
		davie/florida/33314		2011 SEP SEGRE II	
		City/State and Zip Code		AECT SE	F
	E-mail address: (ellsunbb@gmail.com to be used for future annual report	notification)	ARY SSE	Same?
For further information	concerning this matter, please of	call:		OF STATE	D
Si	adia benamu	at (305)	336-8778	ATE .	
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)	Certificosed) Certifi	Filing Fee, icate of Status & ied Copy ional copy is encl	osed)

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

	3B AUTO SALES, LLC.	
(Name of the Limi	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited		8 29 2011 and assigned
Florida document numberL110000	098993	·
This amendment is submitted to amend the f	following:	
A. If amending name, enter the new name	e of the limited liability company her	E: ,
The new name must be distinguishable and end "L.L.C."	with the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if app	plicable:	2041 FALL
(Principal office address MUST BE A STR	EET ADDRESS)	
		ARY 29
Enter new mailing address, if applicable:		FLORID S
(Mailing address MAY BE A POST OFFIC	CE BOX)	om •
B. If amending the registered agent an registered agent and/or the new registered		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	F.nt.	er Florida street address
	1770	
	City	, Florida 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 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> **Name** Address **Type of Action** MGR SADIA BENAMU 19195 MYSTIC POINTE DR # 1802 ✓ Add AVENTURA, FLORIDA, 33180 Remove ☐ Add Remove ☐ Add Add Remove emove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **SEPTEMBER 26** 2011 Dated_ Signature of a member or authorized representative of a member SADIA BENAMU Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00