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ZSECRETARY OF STATE TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER MAY 15 2012

COVER LETTER

TO:	Registration S Division of Co				٠,	
SUBJECT: CARMAXX, LLC Name of Limited Liability Company						
			ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			MIGUEL A. PICO			
	Name of Person					
CARMAXX, LLC		٠.				
	Firm/Company					
	1188 N TAMIAMI TRAIL UNIT 402					
	Address					
SARASOTA, FLORIDA, 34236				7 88 2 8		
	City/State and Zip Code			2012 HAY SECRETA ALLAHAS		
	•, . •		igpicco@hotmail.com to be used for future annual report notificat	ion)	HAS HAS	77
For fur	ther information	concerning this matter, please of	·		14 735 8 40 Au	
	MIC	GUEL A. PICO	at (_843 ₎ 59	7-9258	²³ ≥ ∞	O
<u>. </u>		of Person	Area Code & Daytime To	elephone Number	2	
Enclos	ed is a check for t	the following amount:				
S \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations 80x 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARMA	XX, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed onJANUARY 13	3, 2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1606 N EAST AVENUE,	SARASOTA,
(Principal office address MUST BE A STREET ADDRESS)	FLORIDA , 34237	2012 TALL
Enter new mailing address, if applicable:		FIL MY 14 AHASSEE
(Mailing address MAY BE A POST OFFICE BOX)		
		DA DA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	reet address
		rida Zip Code
	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 **Type of Action Address Title** <u>Name</u> CRISTINA R. PICO MGR 1188 N TAMIAMI TRAIL UNIT 402 ☐ Add
☑ Remove SARASOTA, FLORIDA, 34236 ☐ Add Remove ☐ Add ☐ Remove Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MAY, 09 2012 Dated ____ member or authorized representative of a member Signature q

Page 2 of 2

MIGUEL A. PICO
Typed or printed name of signee

Filing Fee: \$25.00