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2012 AUG 17 AM '9: 12 SECRETĂRY OF STATE

SAULSBERRY EXAMINER AUG 20 2012

COVER LETTER

Registration Section
Division of Corporations

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT:	'	IERN AUTO, LLC			
,	Name of Limi	ted Liability Company			
	Amendment and fee(s) are sub	-	•		
Please return all correspo	ondence concerning this matter	to the following:			
		Name of Person			
	B'S S				
	5				
		7 SE 28	Market services of the service		
	mar	2012 AUG 17 SECRETARY			
	mar E-mail address: (i				
For further information	concerning this matter, please o	all:		P.F.C.	
WILL	IAM C. MARKS	at (321)	305-5537		
Name of Person		Area Code & D	aytime 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 enc	closed) Certified	te of Status &	d)
MAILING ADDRESS:		STREET/CO	OURIER ADDRESS:		

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B'S	S SOUTHER	<u>RN AUTO, LI</u>	<u>_C</u>			
(Name of the Limite	a Liability Compa A Florida Limited	iny as it now appe Liability Company	ars on our records,)			
The Articles of Organization for this Limited I Florida document numberL1200000	•	were filed onAPRIL 13, 2012 and assigne				
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	oility company h	ere:			
	N/A	\				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Com	pany," the designation "	LLC" or the abbrevia	 ation	
Enter new principal offices address, if appli	5865 N. U. S	S. 1, BLDG. 1				
(Principal office address MUST BE A STREET ADDRESS)		COCOA, FL	ORIDA 32927	2		
) E		
				ARE ES	- 3	
Enter new mailing address, if applicable:	<u>N/A</u>		17 AR:	r .		
(Mailing address MAY BE A POST OFFICE			三			
				0713 118.		
				S S S S S S S S S S S S S S S S S S S	_	
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter t	the name of the I	<u>new</u>	
Name of New Registered Agent:	<u>N/A</u>			····		
New Registered Office Address:	N/A					
		Enter Florida street address				
		N/A	, Florida	N/A	_	
		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> Type of Action N/A N/A N/A ☐ Add Remove ☐ Add Remove 🗌 Add ☐ Remove Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 Signature of a member or authorized representative of a member WILLIAM C. MARKS

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00