Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H120001245773)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : PRO ACCOUNTING AND FINANCIAL SOLUTIONS, INC.

Account Number: 120080000107

Phone : (954) 667-0673

Fax Number

: (954)667-0674

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAR LEO SERVICES, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

B. BOSTICK

MAY - 8 2012

Electronic Filing Menu

Corporate Filing Menu

Help

EXAMINER

FROM : PRO ACCOUNTING

FAX NO. :9546670674

May. 04 2012 09:15PM P2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | 1 | <u> </u> | | | |
|--|------------------------------|-------------------|--|--|--|
| | A.F. | 1 | | | |
| Enter new mailing address, if applicable: | SS = 3 | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u>`</u> m° | - F11 | | | |
| Muning quaress mai be a rost of fice box | 77 | | | | |
| | | ب ب | | | |
| - | 57 | | | | |
| | <u> </u> | 15 | | | |
| B. If amending the registered agent and/or registered office address | on our records, enter the | he name of the ne | | | |
| registered agent and/or the new registered office address here: | · · | | | | |
| | | | | | |
| | | | | | |
| Name of New Registered Agent: | | | | | |
| N. D. ' 1000 432 | | | | | |
| New Registered Office Address: | | | | | |
| | Enter Florida street address | | | | |
| | Enter Florida street addi | 233 | | | |
| | Enter r tortaa street aaat | -es.ş | | | |

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

| FROM : PRO AC | COUNTING ing the Managers or Mana | FAX NO. | :9546670674 | May. 04 | 2012 09: | 16PM | P3 |
|---------------|--|----------------|---|----------------|--|--------------------------|-------------|
| MGR = M | COUNTING ing the Managers or Mana sing Member being added of sanager U Managing Member | er removed fro | on our records, enter the mour records: | e title, name, | W - Parit | <u> </u> | ас). Малаус |
| Title | Name | | | | | | |
| MOR | CARMEN RODKIG | UEZ | Address 6236 SW 22ND CO | | | Tvne d ☑ Add ☐ Rem | Rf Action |
| | | | | | | Add Reme | DVe |
| | | <u> </u> | | | · [| Àdd ☐ Remo | ove |
| | | | | | | Add Remo | ove |
| | | | | | |]Add]Remov | ve |
| · | | | | | |]Add]Remov | ve |
| D. If amendi | MAY 04 | | | | SEUNE INNY DE STATE ALLAHASSEE, FLORIBA | | = 7 |
| | Signature | LEONC | IO RODRIGUEZ printed name of signee | a menuer | | | |
| | | · Abor or l | hitting number of SIRIAA | | | | |

Page 2 of 2

Filing Fee: \$25.00