## L120000 71444

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**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJECT: ATB AU		ATB AU	TO SALES, LLC		
30 302			ted Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please 1	eturn all corresp	ondence concerning this matter	to the following:		
		!	EDUARDO CARNIO		
			Name of Person		
Firm/Company			Firm/Company		
		8319 38	8319 38TH ST CIR EAST UNIT 307		
			Address		
SARASOTA Cin/State and Zin Code			SARASOTA City/State and Zip Code	2012 SEC	
		ed	uardocarnio@aol.com	2012 JUN 12 SEGRETÁRY ALECAHASSE	diamen market
For fur	ther information	E-mail address: ( concerning this matter, please o	to be used for future annual report notification)		
		ARDO CARNIO	at (941) 328-2467	AM D: SE	Parent.
		of Person	Area Code & Daytime Telephone Number	<u> </u>	
Enclose	ed is a check for t	the following amount:			
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status			S55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed)  Certified Copy (additional copy (addition	Status &	
MAILING ADDRESS: Registration Section			STREET/COURIER ADDRESS: Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATB AUTO	SALES,LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appeared Liability Company)	rs on our records.)		
·				
The Articles of Organization for this Limited Liability Compa	any were filed on	05/29/2012	and assig	ned
Florida document number <u>L-12000071444</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company her	<u>re</u> :		
EDC AUTO	SALES,LLC			
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Compa	any," the designation "L	LC" or the ab	breviation
Enter new principal offices address, if applicable:			<del>Z</del> . 2	
(Principal office address MUST BE A STREET ADDRESS	<u></u>		<b>2</b>	<u> चल्</u> यू
				ز الا <del>سبت</del>
			12 SSE SSE	
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				Parametria.
			<u> </u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>enter t</u>	he name of	the nev
Name of New Registered Agent:				
New Registered Office Address:				<del>_</del>
	Er	nter Florida street add	ress	
	<u> </u>	, Florida	7: G .	
•	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** <u>Address</u> <u>Title</u> <u>Name</u> SAM ARABOGHLI ☐ Add

✓ Remove MGR 2410 ASTON RD SARASOTA FLORIDA 34231 ☐ Add ☐ Remove ☐ Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 06/06/2012 Dated Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00