1/2000072284

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions AFiling Office T					
JUN 14 2011					
EXAMINER					

Office Use Only

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Valu Au	to Brokers LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		Bettye W. Knighton Name of Person	~
		Name of Person	
Valu Auto Brokers		\	
Firm/Company			
2200 Avenue F		_ 5 %	
		Address	
	R	iviera Beach FL 33404	TALLAHA SUN
City/State and Zip Code		50.50	
	be	ttyeknighton@aol.com	
	E-mail address: (to be used for future annual report notification)	54 & 54
For further information	concerning this matter, please of	eall:	5 6
	ye W. Knighton	at (561) 601-88	
Name	of Person	Area Code & Daytime Telepho	ne Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Sertified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Valu Auto (Name of the Limited Liability Compar (A Florida Limited L		n our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL12000072284	were filed onN	1ay 25, 2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
Knighton's Auto	Brokers LLC		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company,	"the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:		___Z .	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	NA	344- C	E sources
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	$\frac{1}{1-\sqrt{1-\sqrt{1-\sqrt{1-\sqrt{1-\sqrt{1-\sqrt{1-\sqrt{1-\sqrt{1-\sqrt{1$	COA COA COA COA COA COA COA COA COA COA	B
B. If amending the registered agent and/or registered off		records, enter the	ame of the new
registered agent and/or the new registered office address here	2		
Name of New Registered Agent:	η $/\Lambda$		
New Registered Office Address:	Enter	Florida street address	
		, Florida	
	City	Z	ip 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary	.)
	N/F		
Dated	June 6	2012	
	Bettye W. Signature of a	Anightow member or withorized representative of a member	
	-	Bettye W. Knightpon Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00