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COVER LETTER

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

National Huto Glavy	, , • •
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company value of Organization for the	were filed on 8/13/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1451 W Cypness Creek Road
(Principal office address MUST BE A STREET ADDRESS)	1451 W Cypress Creek Road Suite #300 Fort Landerdale FZ 33309
Enter new mailing address, if applicable:	1451 W Cypress Creek Roa
(Mailing address MAY BE A POST OFFICE BOX)	Suite # 200 Fort Landerdale, FL 33309
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent:	75 7
New Registered Office Address:	Enter Florida street address
	Florida T
New Registered Agent's Signature, if changing Registered Agent:	City Figure 22: 28
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p	e to act in this capacity. I further agree to comply with ete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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> **Address** Type of Action 4241 N Pine Island Rd Add SUNTISE FL 33351 DOREM MGR Edward Moise Remove 1451 W CYPTESS Creck Rd PAdd

surfe # 300 Rem

Fort Landerdale FL 33309 Remove Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Just Please change the Address for Mational Auto Greoup, LLC from 4241 N Pine Island Rd, sun rise 22 33351 to 1451 W CY Press CLEEK Rd. Suite #300 Fort Landordale, P2 33309 Dated 10 1 /2012 Signature of a member or authorized representative of a member EDWARD MOISE Typed or printed name of signce

Page 2 of 2

Filing Fee: \$25.00