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2012 SEP 26 MH E 53
SECRETARY OF STAFE

J. SAULSBERRY EXAMINER SEP **27** 2012

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	AUTO WHOLE	ESALE OF BOCA LLC	
SUBSECT.		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	MOSHE FARACHE		
		. Name of Person	
	AUTO V	VHOLESALE OF BOCA LLC	
		Firm/Company	
	1762	26 MIDDLEBROOK WAY	
		Address	
	RC	DCA RATON, FL 33496	2012 SEP 26 SECRETARY FALLAHASS
		City/State and Zip Code	
	MOSH	EFARACHE@GMAIL.COM	
For further information	E-mail address: (concerning this matter, please	to be used for future annual report notification)	AM 89 53
МО	SHE FARACHE	at (561) 771-3272	京市 23
	of Person	Area Code & Daytime Telephone N	umber
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cell (additional copy is enclosed)	00 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUTO WHOLESALE	OF BOCA	LLC	
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	is it now appear lity Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company we	re filed on	09/20/2012	and assigned
Florida document numberL12000120188			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	y company her	<u>·e</u> :	
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Compa	any," the designation "	
Enter new principal offices address, if applicable:			Zaiz Si
(Principal office address MUST BE A STREET ADDRESS)			HASSEY 6
_			
			AH & 53
Enter new mailing address, if applicable:			53 53 53 53 53 53 53 53 53 53 53 53 53 5
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
	·		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on o	our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fn	ter Florida street ad	dress
	Lii		
	ity	, Florida	Zin 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> **Address** Type of Action MGRM LISA FARACHE 17626 MIDDLEBROOK WAY ✓ Add Remove BOCA RATON, FL 33496 ☐ Add ☐ Remove ☐ Add Remove □Add Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

		- N
		DRII ORI
		<u>— C7</u> .F1
Dated	9/21 20/2	
Duica		
_	Signature of a thember or authorized representative of a member	
	ALT 7.1.	

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee

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