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COVER LETTER

TO: Registration Section
Division of Corporations

GULFSTREAM AUTO GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| CHRIS BEHNE Name of Person | | |
|-----------------------------|--|--|
| | | |
| Firm/Company | | |
| 1162 CANOE PT | | |
| Address | | |
| DELRAY BEACH, FL 33444 | | |
| City/State and Zip Code | | |
| ACTONYONE@GMAIL.COM | | |

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS BEHNE

<u>, 561 843-0219</u>

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified 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

| GULFSTREAM AUTO GROUP LI | | |
|--|---|---|
| (Name of the Limited Liability (A Florida I | Company as it now appears on our Limited Liability Company) | records.) |
| (////////////////////////////////////// | similar diagnity company) | |
| The Articles of Organization for this Limited Liability C | Company were filed on $03/13/201$. | and assigned |
| Florida document number L13000037861 | | |
| • | _ | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ited liability company here: | |
| GULFSTREAM AUTO GROUP OF LAKE W | ORTH LLC | |
| The new name must be distinguishable and end with the wor "L.L.C." | rds "Limited Liability Company," the d | designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | RESS) | |
| | | |
| | | 23 SSE SSE |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 62 ω |
| muning data cas man part of other bon | | LONDIE ON |
| | · | |
| B. If amending the registered agent and/or regist | | rds, enter the name of the new |
| registered agent and/or the new registered office add | ress here: | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florid | da street address |
| | | , Florida |
| | 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:

f

| MGR = Mana MGRM = Ma | IGR = Manager IGRM = Managing Member | | |
|-------------------------|---|--|---------------|
| Title | <u>Name</u> | <u>Address</u> <u>T</u> | vpe of Action |
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| . If am | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| ted | |
| | |
| | Signature of a member or authorized representative of a member |
| | CHRIS BEHNE |
| | Typed or printed page of signer |

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE