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COVER LETTER

SUBJECT: CLOBAL AUTO KONNECTION LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.		
m . II		
Please return all correspondence concerning this matter to the following:		
Name of Person		
Firm/Company	~ `	
Address	2013 APR	13
## #5	75 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	
City/State and Zip Code	PH 9: EM	
E-mail address: (to be used for future annual report notification)	TATE A	
For further information concerning this matter, please call:		
Pronoso de at (957) 383 - 6265 Name of Person Area Code & Daytime Telephone Number		
Wed Code & Daytine Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status \$25.00 Filing Fee Certificate of Status \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional co	itus &	

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

(Name of the Limited	Liability Company as it nov Florida Limited Liability Con	v appears on our record mpany)	<u>ls.</u>)	
The Articles of Organization for this Limited Li	ability Company were filed	on 3/21/2013	and assigned	
Florida document number <u>L1300004254</u>	2	•		
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liability comp	any here:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liabilit	y Company," the designa	tion "LLC" or the abbreviation	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)		2013 201	
Enter new mailing address, if applicable:			ASSET ASSET	
(Mailing address MAY BE A POST OFFICE BOX)			75	
	<u> </u>		FLORIDE STATE	
B. If amending the registered agent and/or the new registered of		ess on our records, <u>e</u>	nter the name of the new	
Name of New Registered Agent:	Brancon de	.		
New Registered Office Address:	-			
	Enter Florida stre	er Florida street address		
		, Flori		
	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 Rability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

¹ 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 **Title Address Type of Action Name** Broinson LEE 5550 UN 44 Street #1038 Lower Kill, Fl. Mar 33319 Remove Remove Remove Remove Remove

If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
ted 4/2 2013	_,
Signature	of a member or authorized representative of a member
Bronoon det	
•	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FILED