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FILED
13 JUN 10 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 954 EXCLUSIVE AUTO SALES 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:

JULIE THI KIM NGUYEN

Name of Person

954 EXCLUSIVE AUTO SALES LLC

Firm/Company

2247 PEMBROKE ROAD

Address

HOLLYWOOD FLORIDA 33020

City/State and Zip Code

thenailsspa800@yahoo.com

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

For further information concerning this matter, please call:

Annmarie Tringo

Name of Person

at (**954**) **252-7200**

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

FILED
13 JUN 10 PM 11:42
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

954 EXCLUSIVE AUTO SALES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 29, 2013 and assigned
Florida document number L13000078571

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

2247 PEMBROKE ROAD
HOLLYWOOD FLORIDA 33020

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2247 PEMBROKE ROAD
HOLLYWOOD FLORIDA 33020

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

2247 PEMBROKE ROAD

Enter Florida street address

HOLLYWOOD

City

, Florida 33020

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

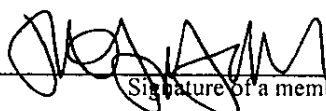
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JULIE THI KIM NGUYEN	2681 N. FLAMINGO RD	<input type="checkbox"/> Add
		PLANTATION FL 33323	<input checked="" type="checkbox"/> Remove
MGRM	JULIE THI KIM NGUYEN	2247 PEMBROKE ROAD	<input checked="" type="checkbox"/> Add
		HOLLYWOOD FL 33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated June 5, 2013



Signature of a member or authorized representative of a member

Julie Thi Kim Nguyen

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00