Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051 : (305)937-7773 Phone Fax Number : (815)301-2897

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

JOULDNO BRILEY WENTH COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MK AUTO BROKER LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MK AUTO BROKER 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 23, 2014	and assigned
Torida document number L14000087779	
this amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<del></del>
3. If amending the registered agent and/or registered office address on our records, enter the	e name of the new registe
gent and/or the new registered office address here:	22
	*
Name of New Registered Agent:	9 = -
New Registered Office Address:	
Enter Florida street address	
. Flori	do W
Cary	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	MORDI KISLASI	2115 NE 198 TERR	■Add
		MIAMI FL 33179	
			Change
AMBR	YOSSEF COHEN	1975 NE 198 TER	
		MIAMI FL 33179	□Remove
			Change
AMBR	HALFON ENBAR	2115 NE 198 TERR	<b>■</b> Add
		MIAMI FL 33179	□ Remove
			□Change
AMBR	OREL AYAL	1975 NE 198 TER	≓Add
		MIAMI FL 33179	□Remove
			Change
			⊡Add
			□Remove
			Change
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on ellective date lote: If the dat	e is fisted, the date of filing:  to date of filing or more than 90 days after filing.) Pur the inserted in this block does not meet the applicable statutory filing requirements, this date will ective date on the Department of State's records.	suant to 605,0207 not be listed as
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ecord specifie	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day after the
record specified	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 900	th day after the
record specified is filed.	5/5/2000	th day after the
record specified		th day after the

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