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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Car Buying Network LLC Warne of Limited Liability Company		
Wame of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Statement of Correction and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Vessica Domare Sapp Name of Person		
Car Buying Network		
5669 West beaver Street		
Tacksonville Florida 32254 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jessica Sapo a1 352 875-7409		
Name of Person Area Code Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 Filing Fee Scrifficate of Status Certified Copy Certificate of Status Certified Copy Certified Copy		

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is: Car Buying Neworkle. FIRST: The Florida Document number of the limited liability company is: <u>L14000</u>186734 **SECOND:** Document to be corrected is: THIRD: electronic articles of Organization (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The registered agent and MGRM Should read Jessica Marie sapp instead OF Jessica Sapp. also, The zip code registered agents section should read 32254. <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 12-23-[4 Date Signature of Authorized Representative

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)