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(A	address)	
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(C	City/State/Zip/Phone #	·)
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TO: Registration Section
Division of Corporations

SUBJECT: Central Florida Auto Mall UC
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:

Taria Taji

Name of Person

Central Florida Auto Mall LLC

Firm/Company

14544 Cedar branth Way

Address

ORL & 32824

City/State and Zip Code

Millionaires Clubenter taimment Ogmai) of

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

For further information concerning this matter, please call:

Name of Rerson at (407) 732-8843

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.1

(Name of the Limited	Liability Company as it A Florida Limited Liability	now appears on our Company)	records.)		
The Articles of Organization for this Limited Lial Florida document number	bility Company were i			and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability co	ompany here:			
The new name must be distinguishable and end with the wo	ords "Limited Liability Co	mpany," the designati	on "LLC" or the abbrev	riation "L.L.C."	_
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)			5	_
Enter new mailing address, if applicable:			Jass Har	APR 20	_
(Mailing address MAY BE A POST OFFICE B			27	2 111	_
IMaining address MAT BE A TOST OFFICE BY	<u></u>		- BRISH	2	-
B. If amending the registered agent and/or registered agent and/or the new registered officers.	r registered office a ce address here:	ddress on our re	ecords, enter the	name of the	ne
Name of New Registered Agent:	Charles	Faro			_
New Registered Office Address:	2035	Cedar agr Enter Florida street	den dr		_
	ORL	in 50	, Florida <u> </u>	824 ip Code	_

New Registered Agent's Signature, if changing Registered Agent:

and La 1

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

$MGR = M_{2}$ $AMBR = A_{1}$	anager uthorized Member		
Title M6K	MGR Taring Taji	Address 14544 cedar branch way OPL, FL 32824	Type of Action Add Remove
MGK	Charles MGR Faro	2035 cedar garden dr, orlando,fc 32824	Add Remove
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Page 3 of 3

Filing Fee: \$25.00