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SECRETARY OF STATE
MALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: Auto Dealer Monthly LLC Name of Foreign Limited Liability Company	•
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Greg Goebel Name of Person	
Auto Dealer Monthly Firm/Company	
PO Box 39 Address	
Osprey FL City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Harlene Doare at (<u>\$12</u>) 424 · Los Name of Person Area Code & Daytime Telep	Le (C () Ohone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING Al Registration S Division of Co Division of Co Tallahassee, Florida 32301	ection orporations
Certificate of Status Certified Copy Ce	0 Filing Fee,

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Department of State: Agala Investment LLC
2.	Jurisdiction of its organization: Indiana
3.	Date authorized to do business in Florida: 1.3.06
	SECTION II (4-7 complete only the applicable changes)
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 9.27.07
5.	New name of the limited liability company: Auto Deoler monthly LLC. (must end with "Limited Liability Company," "L.L.C.," of "LLC.")
Fl th or	f name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting e alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.") If the amendment changes the period of duration, indicate new period of duration: N/A If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction: $\frac{N/A}{R}$
8.	If the amendment corrects any false statement, indicate the statement being corrected and the correction: N/A
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. Signature of a member or the authorized representative of a member Typed of printed name of signee

Filing Fee: \$25.00

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

AUTO DEALER MONTHLY, LLC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 31, 1998, and was in existence or authorized to transact business in the State of Indiana on April 17, 2010.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Seventeenth Day of April, 2010.

TODD ROKITA, Secretary of State

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