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SECRETARY OF STATE DIVISION OF CURPORATION

T. HAMPTON

DEC 1 5 2008

EXAMINER

COVER LETTER

Division of Co	rporations		•
SUBJECT: 1Stop I	Portable Garages, Ll	LC	D
		ited Liability Company)	
•			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	•
Please return all correspondent	ondence concerning this matter	to the following:	
	Judy Kowatch		
	oddy Novatori	(Name of Person)	
	1Stop/Gone Country		
•		(Firm/Company)	
	424 E. Central Blvd, #34	0	
	-	(Address)	
	Orlando, FL 32801		
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Judy Kowatch		at (407) 616-4981	
(Name of Person)		(Area Code & Daytime Telephone Number)	
· " ",			
Enclosed is a check for t	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:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1Stop Portable Garages, LLC	•			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)		
	Ç.			
The Articles of Organization for this Limited Liability Compan	and assigned			
Florida document number L04000019714				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:			
1Stop Products, LLC				
The new name must be distinguishable and end with the words "Lir" L.L.C."	nited Liability Company," the designment	gnation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		. 0		
(Principal office address MUST BE A STREET ADDRESS)		SEC /ISI 0 B		
	,	5 - A		
	, , , , , , , , , , , , , , , , , , , ,	~		
Enter new mailing address, if applicable:		PRECOR		
(Mailing address MAY BE A POST OFFICE BOX)		***		
Truming municipal DEAT OFF OFFICE DOAY		<u> </u>		
		10		
B. If amending the registered agent and/or registered of	office address on our records	, enter the name of the ne		
registered agent and/or the new registered office address he		· ·		
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
	. Flo	orid a		
·	(City)	(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 = Mana MGRM = Ma	ger naging Member			
Title	Name	Address	Type of	Action
			Add Rem	ove
			Add Rem	ove
· ·			Add Rem	ove
			Add Rem	ove
			Add Remo	ve
			Add Remo	ve
D. If amendin	ng any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)		
			08 DEC 12 AMII: 53	FILED SECRETARY OF STA DIVISION OF CORFORAL
Dated Decemb	per 9 20	08	53	
	Signature of a met	nber or authorized representative of a member		

Page 2 of 2

Filing Fee: \$25.00