

L13000177134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

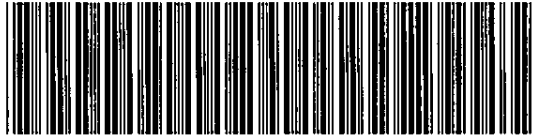
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPECIALTY MOTOR SALES L.L.C.  
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:

Jennifer Mills  
Name of Person

SPECIALTY MOTOR SALES LLC  
Firm/Company

1180 N DIXIE  
Address

NEW SMYRNA BEACH FL 32168  
City/State and Zip Code

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

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For further information concerning this matter, please call:

Jennifer Mills at (563) 663-3255  
Name of Person 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  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Specialty Motor Sales 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 12-26-2013 and assigned Florida document number L13000177134

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1178 N. DIXIE FREEWAY

(Principal office address MUST BE A STREET ADDRESS)

NEW SMYRNABEACH, FL 32168

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1178 N DIXIE FREEWAY  
NEW SMYRNA BEACH  
FLORIDA 32168

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

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

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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 TALLAHASSEE

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGING ADDRESS FROM  
1180 NORTH Dixie Freeway New Smyrna Beach FL 32168  
TO 1178 NORTH Dixie Hwy New Smyrna Beach FL 32168.

E. Effective date, if other than the date of filing: 1-1-2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2-4-14

Jennifer Mills  
Signature of a member or authorized representative of a member  
JENNIFER MILLS  
Typed or printed name of signee

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CLERK OF STATE  
TALLAHASSEE FLORIDA