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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status

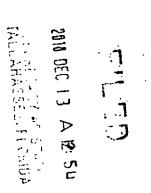
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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJEC		TIC CARS, LLC			
3000120		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		WILLIAM TODD BOYD			\.1 .3
			Name of Person		
			Firm/Company		
		100 S.E. SECOND STREET, SUITE 2600		28	
			Address	200 050	Ì
		MIAMI, FL 33131		3. C T	
		TBOYD@BOYDLAWGR			۱. ز
		E-mail address: (to be used for future annual report notif	ication)	
For furth	er information co	oncerning this matter, please c	all:		
WILLIA	AM TODD BOY	D	786 425-1045 at ()		
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed	I is a check for th	ne 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)	
	MARI	IVC ADDDESS.	STDFUT/CAUDE	ED ANNDESS.	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

TB'S EXOTIC CARS, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 8/21/2017	and assigned
Florida document number 1.17000178899		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		
Enter new mailing address, if applicable:		- B
(Mailing address MAY BE A POST OFFICE BOX)		
		E. E. E.
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		# F
registered agent and/or the new registered office address		7.
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	Florid	
	City	Zio 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
S	JOHN GODBOUT	100 S.E. SECOND STREET	 ■ Add
		SUITE 2600	Add
			□ Remove
		MIAMI, FL 33131	Change
			□ Remove
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			EADD 1
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Effort	ve date, if other than the date of filing: ((optional)	
(If an eff Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. If the date inserted in this block does not meet the applicable statutory filing requirement ent's effective date on the Department of State's records.	s after filing.) Pursuant to 605.	.0207 (3) ed as the
	ord specifies a delayed effective date, but not an effective time, at 12: 90th day after the record is filed.	01 a.m. on the earlie	er of:
Dated	DECEMBER 6 2018		
	No.		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00