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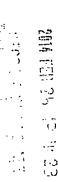
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EFFECTIVE DATE 03-1-14



B. BOSTICK FEB 2 7 2014

EYAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Classic Eletric Bonts, LLC Name of Limited Liability Company Name Change
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Gi Mang Name of Person
Classic Electric Boals, LLC Firm/Company
5781 CAPE Harbour Dr. #1302
Cape Cord FI 33914 dity/State and Zip Code
Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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) \$\$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

ed Liability Company as if now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _0 Florida document number L03000029 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New 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 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 = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Peter J. Wilkinson	2618 SW36+h Lane	🗹 Add
		2618 SW36th Lane Cape Caral, FL 33914	Remove
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ted Forwary 24 Robert Market	o date of receipt or file ment of State) , 2014	d date and canno		90 days after	

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Filing Fee: \$25.00