

# L05000013599

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(Address)

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OCT 07 2013

D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Mobile Speedometer Testing, LLC  
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:

Lori Spaulding  
Name of Person

Florida Mobile Speedometer Testing, LLC  
Firm/Company

12333 Twin Bend Ln  
Address

Jax, FL 32218-2018  
City/State and Zip Code

fmst04@outlook.com

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

For further information concerning this matter, please call:

Lori Spaulding  
Name of Person

at (904) 591-6918

Area Code & Daytime Telephone Number

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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**

Florida Mobile Speedometer Testing, 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 2/7/09 and assigned  
Florida document number L05000012599.

This amendment is submitted to amend the following:

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

Florida Mobile Speed Testing LLC

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:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

**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:

Timothy E. Spaulding

New Registered Office Address:

12333 Twin Pond Lane

*Enter Florida street address*

Jx

, Florida

*City*

32218-2078

*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.*

Timothy E. Spaulding  
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 = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>          | <u>Address</u>     | <u>Type of Action</u>                      |
|--------------|----------------------|--------------------|--------------------------------------------|
| MGRM         | Russell G. Smith     | 10097 Delane Dr. E | <input type="checkbox"/> Add               |
|              |                      | Jax, Fl 32257      | <input checked="" type="checkbox"/> Remove |
| MGRM         | Timothy E. Spaulding | 12333 Twin Pond Ln | <input checked="" type="checkbox"/> Add    |
|              |                      | Jax, Fl 32218-2078 | <input type="checkbox"/> Remove            |
|              |                      |                    | <input type="checkbox"/> Add               |
|              |                      |                    | <input type="checkbox"/> Remove            |
|              |                      |                    | <input type="checkbox"/> Add               |
|              |                      |                    | <input type="checkbox"/> Remove            |
|              |                      |                    | <input type="checkbox"/> Add               |
|              |                      |                    | <input type="checkbox"/> Remove            |
|              |                      |                    | <input type="checkbox"/> Add               |
|              |                      |                    | <input type="checkbox"/> Remove            |

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JACKSONVILLE, FLORIDA

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

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Dated September 30, 2013.

Lori D. Spaulding

Signature of a member or authorized representative of a member

LORI D. SPAULDING

Typed or printed name of signee

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Filing Fee: \$25.00

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