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| (Business Entity Name) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Shiftin Gears 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: |
| Tim Sowell (Name of Person) |
| (Name of Person) |
| (Firm/Company) |
| 2712 Aprilachee Pkwy Unitc |
| Tallahassee FL 32301 FT (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Tim Sowell at 850, 321-48 = |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee Sa0.00 Filing Fee Sadditional copy is enclosed) S25.00 Filing Fee Sadditional Copy (additional copy is enclosed) S25.00 Filing Fee Sadditional Fee Sadditional 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

(Present Name) (A Florida Limited Liability Company)

Shiftin' Gears LLC

| FIRST: | The Articles of Organization were filed on 2/11/05 and assigned document number LO5000014463. | :đ | - | |
|---------|---|----------------|------------------|--------------------|
| SECOND: | This amendment is submitted to amend the following: Amend to Add a | 5 Ma | enaging | Manbel |
| | OTONY Armas 9435 Prosperity Lake | | - | |
| | Jacksonville FL 32 | | | |
| (| @ Lester Brown as I NW 1775t Suite | , | | |
| | Miami FL 33/69 | | | |
| , | 3 Joseph Catonia 1309 Sequoia Rd | | | |
| (| , | 7 a m | | <u> </u> |
| | Palm Bay FL 3 | | | |
| (| 9 Gustavo Yamin 3255 Amberley 1 | MK | Cirie | - |
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| | W.S. | Ĕ Ţ | - р [П | |
| | Signature of a member or authorized representative of a member | | = □ | |
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| | Typed or printed name of signee | P Ž | - | |

Filing Fee: \$25.00