L05000022928

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| (Re | equestor's Name) | |
| (Ad | ldress) | |
| (Ac | idress) | |
| (Cit | ty/State/Zip/Phone | 2 #) |
| | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Document Number) | | |
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SECRETARY OF STATE
AHASSEE, FLORIDA

COVER LETTER

| TO: Registration Division of | on Section of Corporations | | |
|------------------------------|--|--|--|
| SUBJECT: SM | ITTY'S AUTOMOTIVE (Name of L | E EMPORIUM, LLC imited Liability Company) | |
| The enclosed Artic | les of Amendment and fee(s) are su | ubmitted for filing. | |
| Please return all co | rrespondence concerning this matte | er to the following: | |
| | Liz Cannon | | |
| | | (Name of Person) | |
| | Richard S. Berghol | tz, P.A. (Firm/Company) | |
| | Post Office Box 17 | 789 | |
| | | (Address) | |
| | Mount Dora, Flori | | |
| | (City | y/State and Zip Code) | |
| For further informa | tion concerning this matter, please | call: | |
| Liz Ca | (Name of Person) | at (352) 735- (Area Code & Daytim | e Telephone Number) |
| Enclosed is a check f | or the following amount: | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA.

SMITTY'S AUTOMOTIVE EMPORIUM, LLC

(Present Name)
(A Florida Limited Liability Company)

| FIRST: | The Articles of Organization were filed on March 8, 2005 and assigned document number L05000022928 and assigned |
|----------|---|
| SECOND: | This amendment is submitted to amend the following: |
| | Remove/Delete Manager: James J. Smith, Sr. |
| | Add: Gerrilynn Smith as Manager |
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| Dated Oc | stober 10, 2006 . |
| | Signature of a member of authorized representative of a member |
| | Jarnes J. Smith, Jr. as POA for James J. Smith, Sr. Typed or printed name of signee |
| | ryped or printed name or signed |

Filing Fee: \$25.00