L05000101824

| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE

J. BRYAN

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EXAMINER

COVER LETTER

| | ration Section on of Corporations | | |
|---------------------|--|---|--|
| SUBJECT: | All About Scooters, u | . C | reg |
| | Name of Limited Liability C | Company | |
| | | | N S |
| The enclosed Ar | ticles of Amendment and fee(s) are submitted for filing | ng. | 36.27 |
| Please return all | correspondence concerning this matter to the following | ng: | |
| | Susar Name of | D Smith Person | |
| | ALL ABO | DUT SCOOTER | 25 LIC |
| | , | | |
| | Addre | . Monroe St | <u> </u> |
| | City/State and City/State and City/State and E-mail address: (to be used for fu | siec R 3 | 2303 |
| | City/State and | d Zip Code | |
| | P-mail address: (to be used for the | 200 ters @ Como | cost, net |
| Fau familian in fam | • | i i e u i saftan | |
| For further infor | mation concerning this matter, please call: | | • |
| $ \lesssim$ | vsa D. Sm. th at (8) | 10,942-101C | |
| <u> </u> | Name of Person | Area Code & Daytime Telepho | one Number |
| Enclosed is a che | eck for the following amount: | | |
| \$25.00 Filing | Certificate of Status Certifie | riling Fee & ed Copy onal 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 ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301 | <i>ي</i> . |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ALL ABOUT SCOOTERS 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 10/2005 and assigned Florida document number <u>L05000101824</u>. 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 "LLC" "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) 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: Susan D Smith

2045 North Monroe St.

Enter Florida street address

[allapa Ssee , Florida 32303

City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

| If amending or Managing | the Managers or Managir <u>Member being added or r</u> | ng Members on our records, enter the title, name, and address of enemoved from our records: | each Manager |
|-------------------------|---|---|---------------|
| MGR = Mai MGRM = M | nager i i Ianaging Member | | |
| <u>Title</u> | <u>Name</u> | <u>Address</u> <u>Typ</u> | oe of Action |
| MGRM | LeRoy E. Smi | JAHAASSEE, A 32303 DE | Add Remove |
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|). If amendi | ng any other information, o | enter change(s) here: (Attach additional sheets, if necessary.) | |
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| -F | DARTNER. | EDUTERS LLC AS a MGRM. ALSO DBA | , |
| | | ers& Motorcycles LLC | |
| Dated | , | , <u>2012</u> . | |
| _ | Sur | of a member or authorized representative of a member | |
| _ | | of a member or authorized representative of a member | |

Page 2 of 2

Filing Fee: \$25.00