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PICK-UP		MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



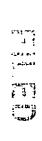
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: American Car Craft UC 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:	
Lisa M Layton Name of Person	
American Car Craft UC Firm/Company	
18924 Sakera Rd	
Hudson, Fl 34667 City/State and Zip Code	_
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	2022
Lisa M Layton at (727) 861-1500 Name of Person Area Code Daytime Telephone Num	····································
Enclosed is a check for the following amount:	PH w
Certificate of Status Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee () () ficate of Status & fied Copy ional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hmerican Car	Craft LLC				
(<u>Name of the Limited Liability Co</u>) (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)				
The Articles of Organization for this Limited Liability Comparing Loiocos 4015.	any were filed on 3/31/2006 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	liability company here:				
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	18924 Sakera Rd				
(Principal office address MUST BE A STREET ADDRESS	Hudson, Fl 34407				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18924 Salcera Rd Hudson Fl 34667				
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new registered</u>				
Name of New Registered Agent:	sam Layton				
New Registered Office Address: \(\sigma \)\(\sigma \)	Sakera Rd Enter Florida street address				
Hu	dson Florida 34667				
	City 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Ricardo L Rivera	18701 Shady HillsRd	□ Add
		Spring Hill Fl 34610	Remove
			□Change
MCR	Lisa M Layton	18924 Sakera Rd	j≜ 7\dd
		Hudson F1 34667	□Remove
			□Change
MUR	Cameron L. Rivera	18tiay Sakera Rd	% Add
		Hudson Fl 341do7	□Remove
			□ Change
			□Add
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record sp is filed.	ecifies a dela	iyed effectiv	e date, but no	ot an effectiv	re time, at 12:	01 a.m. on tl	ne earlier of: (b) The 90th	day after the
		-303	<u>~</u>	· 7—	·				
ated		Lu	MX						
ated		Lu	Signature of a	Member or a	uthorized repri	esentative of a	member		

Filing Fee: \$25.00