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COVER LETTER

TO:	Registration So Division of Cor					
SUBJE	KS MOTO	RS LLC				
BULGE		Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please n	eturn all correspo	ondence concerning this matter	to the following:			
		Klaus Hackbarth				
			Name of Person			
KS MOTORS LLC						
			Firm/Company	, , , , , , , , , , , , , , , , , , ,		
3815 Surfside Blvd.						
		· · · · · · · · · · · · · · · · · · ·	Address	······································		
Cape Coral, FL, 33914						
		City/State and Zip Code klaus@top-classic-cars.com				
		E-mail address: (to be used for future annual report not	ification)		
For furth	her information c	oncerning this matter, please ca	all:			
Klaus H	lackbarth		239 7710057			
	Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclose	d is a check for the	ne following amount:				
□ \$ 25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(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

KS MOTORS LLC The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L06000117940 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TOP CLASSIC CARS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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 Changing Registered Agent, Signature of New Registered Agent

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			🗅 Add
			□ Remove
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than lote: If the date inserted in this block does not meet the applicable statutory filing requir	90 days after filing.) Pursuant to 605.020
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	it 12:01 a.m. on the earlier (
May 21st 2017	
rated , , , , , , , , , , , , , , , , , , ,	

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Typed or printed name of signee

Filing Fee: \$25.00