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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

AUG 2 8 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co	Section orporations		
SUBJECT:	Classic M	otor Storage LLC	
		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	condence concerning this matter	r to the following:	
		Merlin M. Mitchell	
		Name of Person	
		Firm/Company	
	8	23 Thomasville Road	
		Address	
	Т	allahassee, FL 32303 City/State and Zip Code	
	oucon/	•	n
	E-mail address: (Oclassicmotorstorage.com to be used for future annual report no	tification)
For further information	concerning this matter, please of	call:	
s	usan Atwood	at (850)	766-4867
Name	of Person	Area Code & Dayt	ime Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	✓ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	S60.00 Filing Fee, Certificate of Status & ed) 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

Classic_	<u> Motor Storage LLC</u>			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C	Company were filed on	01/04/2007	and assi	igned
Florida document number L0700001433				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>·e</u> :		
	Storage and Repair L			
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compa	iny," the designation "L	.LC" or the a	bbreviation
Enter new principal offices address, if applicable:			<u> </u>	SOS COS
(Principal office address MUST BE A STREET ADD)	RESS)		<u></u>	≠ <u>~</u>
			25	
Enter new mailing address, if applicable:			AH IO) 당우 당 당
(Mailing address MAY BE A POST OFFICE BOX)	BOX) CO ROX			
maring marcos mil built out of 11200 borry				S S
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, <u>enter t</u>	he name o	f <u>the new</u>
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street add	ress	
		, Florida		
	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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	<u>Name</u>	Address	Type of Acti
			Add Remove
			Add Remove
			Add Remove
			Add Remove
-			Add Remove
			Add Remove
amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	91VISION OF C 10 AUG 25
			OF CORPORATIO G 25 am io: 69
	August 23 20	010	A HUNS
	, <u></u>		
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Filing Fee: \$25.00