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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON
MAR 2 4 2009
EXAMINER

## COYER LETTER

TO: Registration, Se Division of Cor			
subject: <u>Scoole</u>	rs Custom Works (Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ging LeBlanc	(Name of Person)	
	<del>-</del>	(Firm/Company)	
	615 So. Sweetwa	ter cove blud (Address)	
	longwood, FL. 3	(City/State and Zip Code)	
For further information c	oncerning this matter, please c	all:	
Gina LeBlanc	of Person)	at ( <u>407</u> ) <u>937</u> <u>9458</u> (Area Code & Daytime T	elephone Number)
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	\$55.00 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 SECRETARY OF STATE TO DIVISION OF CORPORATIONS ARTICLES OF ORGANIZATION MAR 23 PM 2: 08 OF

Scooters Custom	Works	LLC		
Scooters Custom (Name of the Limited) (A	<u>Liability Compar</u> Florida Limited I	ny as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Lia		were filed on $3/18$	/2009	and assigned
This amendment is submitted to amend the follo  A. If amending name, enter the new name of	_	ility company here:		
Scooters Custom Works & S				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company,	" the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applica	ıble:	Christopher 615 So. Swa	5. Bolen	
(Principal office address MUST BE A STREET	<u>(ADDRESS)</u>			
		Longwood, FL	<u>, 32779</u>	· -,.2
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE 1	<u>30X)</u>			
B. If amending the registered agent and/oregistered agent and/or the new registered off			records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	Gina Li	eBlanc		
New Registered Office Address:	(015 So. S	weetwater Cov	e blud r Florida street add	
	Lovanod			
	Longwai	(City)	, riorida <u>_ 3</u>	(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.

(Mehanging Registered Agent, Signature of New Registered Agent)

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
President	Christopher S. Bolen	Longupod FL 32779	Add Remove
V. President	Gina LeBlanc	longwood, FL. 32779	Add Remove 
			Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
		s) here: (Attach additional sheets, if necessary.)	
Jus	t changing buissnes	works LLC.	<del></del>
	Scooters Custom	works LLC.	_ <b>00</b>
	to		SECRETON (  O9 MAR
	Scooters Custom Wa	orks & Sales LLC.	FILED ETARY OF STATE OF CORPORATE R 23 PM 2: C
Dated Mayo	$\left( \begin{array}{c} \\ \\ \end{array} \right)$		STATE STATIONS 1 2: 08
G	ona LeBlanc	r authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00