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| (Requestor's Name) | | | | | |
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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J. BRYAN

JUN 2 4 2008

EXAMINER

COVER LETTER

| TO: Registration Sect Division of Corpo | ion orations | | | |
|--|---|---|---|--------------------|
| SUBJECT: Nic | Chols Custo (Name of Limi | ted Liability Company) | | |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspond | dence concerning this matter t | to the following: | | |
| | | (Address) | | OB JUH 23 PM 2: 24 |
| For further information con | ncerning this matter, please ca | ıll: | | |
| William (Name of | Nichols, Jr. | at (850 346 · 8 | clephone Number) | |
| Enclosed is a check for the | following amount: | | | |
| □ \$25.00 Filing Fee | □\$33.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy i | |

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

Nichols Customs The Articles of Organization for this Limited Liability Company were filed on Oct. 1, 200 + Florida document number ___L_07000099394 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" or the abbreviation "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: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) (City)

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u> Name Address Type of Action MGR 1366 Calcutta Dr. Gulf Brccze, FL 32563 Remove ☐ Remove ____ Remove _ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated June Signature of a member or authorized representative of a member William D. Nichols, Jr.

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00