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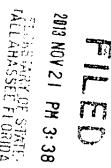
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PICK-UP	☐ WAIT	MAIL
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TO:

Registration Section **Division of Corporations**

MAXIMUM DIESEL, LLC

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:

BARBRA R. JOYNER

Name of Person

AW OFFICE OF BRJOYNER PA

1470 E. MICHIGAN ST.

Address

ORLANDO, FL 32806

City/State and Zip Code

BJOYNER143@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBRA R. JOYNER

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

Certified Copy

□\$55.00 Filing Fee &

(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

	MUM DIESEL, LLC			
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our record mited Liability Company)	<u>ls.</u>)		
The Articles of Organization for this Limited Liability Co. Florida document number <u>L08000033025</u>	mpany were filed on April 1, 2008	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the designa	tion "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>	201 7AL		
		3 3		
		SSC N		
Enter new mailing address, if applicable:		SHOW		
(Mailing address MAY BE A POST OFFICE BOX)		7 Z 111		
many warrant Barri Cor Cirica activity		9 4 C		
		35 38 55 88		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stre	Enter Florida street address		
	, Flor			
	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 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
MGRM	Debra L. Harrell	200 S. Main St.	Add
		Faith, NC 28041	Remove
		· · · · · · · · · · · · · · · · · · ·	
			_
			Remove
			Remove
		3.7	Add A
		HASS:	Remove
		FLORIDA	Add
			Remove
			-
			Add
			Remove

(

D. If amonding any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
	•			
Dat	ed 11113			
	+			
	Signature of a member or authorized representative of a member			
	Barbra R. Joyner			
	Typed or printed name of signee			
	Page 3 of 3			

Filing Fee: \$25.00

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