Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number: I20010000121 Phone : (305)758-9001 Fax Number : (305)758-0506

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FASTLANE MOTORING, LLC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Man. THOMASIP

SEP 2 4 2008

EXAMINER

COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|---|--|---|---------------------------------|
| subject: Fastlan | e Motoring, LLC (Name of Limi | ited Liability Company) | · · · · · · · · · · · · · · · · · · · | |
| | Amendment and fee(s) are sub | | | |
| | Rey Perez | | | |
| | | (Name of Person) | | |
| | dealer consulting service | • | | |
| | | (Firm/Company) | | |
| | 7537 NW 7TH AVE | (Address) | | OB SE |
| | miami, fl 33150 | (Address) | | SEP : |
| | | (City/State and Zip Code) | | |
| For further information o | oncerning this matter, please c | all: | | AH 8: 22 OF STATE FLORIDA |
| rey perez | | at (305) 758-9001 | | A111 (3) |
| (Name | of Person) | (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) | Certificate of S Certified Copy (additional cop | tatus & |

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

Sep 23 08 02:31p

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| rastlane Motoring | 110 | | |
|---|--|-------------------------------|--|
| (Name of the Limited Liability Pon (A Florida Limite | npany as it now appears on our records.) ad Liability Company) | | |
| The Articles of Organization for this Limited Liability Compa | any were filed on 06/09/2008 | and assigned | |
| Florida document number <u>L08000053893</u> | | • | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited ! | iability company here: | | |
| The new name must be distinguishable and end with the words "L.L.C." | imited Liability Company," the designation "LI | C" or the abbreviation | |
| Enter new principal offices address, if applicable: | · | OB SI | |
| (Principal office address MUST BE A STREET ADDRESS | 2 | 一般 7 | |
| Enter new mailing address, if applicable: | | AH 8: | |
| (Mailing address MAY BE A POST OFFICE BOX) | | _ 2 _ 2 | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | | e name of the new | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | (Enter Florida street addı | ess) | |
| | , 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)

MGR = Manager

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:

| MGRM = N | Annaging Member | | |
|---------------------------------------|---|---|---|
| <u>Title</u> | Name | Address | Type of Action |
| MGRM | Paul J. Ladson | 601 NE 36th St Apt. 2601 Miamu, FL 33137 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add |
| · · · · · · · · · · · · · · · · · · · | | | Add Remove |
| | | | Add Remove |
| D. If amend | ling any other information, enter chang | ge(s) here: (Attach additional sheets, if necessary.) | OB SEP 23 AM 8: 22 SECRETARY OF STATE FALLAHASSEE FLORIDA |
| Dated | x yaul John Signature of a membe | or or authorized representative of a member Yel Ladson I or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00