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(business Entity Name)
(Document Number)
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G. MCLEOD

JUN 1 5 2009

EXAMINER



300157045443

06/12/09--01068--001 **25.00

· ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAJESTIC CLA (Name of the Limited Liability (A Florida				
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	5/21/2009	and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compa	ny," the designation "LLC"	or the a	bbreviation
Enter new principal offices address, if applicable:				므
(Principal office address MUST BE A STREET ADDI	RESS)		09	SEC
				是黑
			12	第三
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	· .
			29	
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on o	ur records, enter the n	ame o	f the new
	- Coo More			
Name of New Registered Agent:				
New Registered Office Address:				
	Ent	er Florida street address		
		, Florida		
	City	Ziį	o 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

COVER LETTER

Division of Corporations				
SUBJECT: MAJESTIC CLASSIC CARS 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:				
MICHARI A. MENDEZ Name of Person NATORSTIC CLASSIC CALS, LLC. Firm/Company				
Name of Person				
MAJESTIC CLASSIC CALS, LLC.				
Firm/Company				
1200 ANASTASIA AVE SUTTE 215B				
Address				
CONALGABLES FL. 33134 City/State and Zip Code				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
MICHAEL MENDEZ at (305) 282-152-6 Name of Person Area Code & Daytime Telephone Number				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status & Certified Copy (additional copy is enclosed)} \text{\$\text{Solon Filing Fee & Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{				

MAILING ADDRESS:

TO:

Registration Section

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