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(Requestor's Name)					
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SECRETARY OF STATE

SECRETARY OF STATE

APR 1 0 2012 T. HAMPTON

## **COVER LETTER**

10:	Division of Corporations				
SUBJE	T: Contolown Motor sports UC  Name of Limited Liability Company				
The end	osed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
	JOW KISH Name of Person				
	Count down Motorsports UC Firm/Company				
	1820 LONG IRON DR APT. 528 Address				
	Poc Yole dage 1 CL 1 32955  City/State and Zip Code				
	TEWEL BITOUX @ GUAIL . COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:					
·	Name of Person at (30) 848-8622  Area Code & Daytime Telephone Number				
Enclose	l is a check for the following amount:				
<b>(7)</b> \$25.	O Filing Fee \$\ \bigcup \\$30.00 \text{ Filing Fee & }\ \bigcup \\$55.00 \text{ Filing Fee & }\ \bigcup \\$60.00 \text{ Filing Fee,}\ \text{Certificate of Status & }\ \text{Certified Copy }\ \text{(additional copy is enclosed)}\ \end{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	FILED
TO ARTICLES OF ORGANIZATI OF	ONE CHE LANGUE WAS A TONG OF CORE WAS A TONG OF CORE
OF	-nn o PM12: 27

	F 12 APR -	9 PM12: 27
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco	
The Articles of Organization for this Limited Liability Company Florida document number <u>LOGOOO(0203</u> 6	were filed on <u>(0/26/</u> (	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
Girlfriend Conne	ction LLC	
The new name must be distinguishable and end with the words "Limi L.L.C."	ted Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1830 Lang	IRON DR.
Principal office address MUST BE A STREET ADDRESS)	Apt 528	
	tochledge,	FI 32955
Enter new mailing address, if applicable:	942 LONG	IRON DR.
Mailing address MAY BE A POST OFFICE BOX)	Apt. 528	
	Pockledge,	FC 32955
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		**************************************
New Registered Office Address:		**************************************
	Enter Florida str	reet address
	· · · · · · · · · · · · · · · · · · ·	rida
	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

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> <u>Address</u> **Type of Action** <u>Name</u> Brian Vaux Remove ☐ Add Remove ☐ Add Remove Add Remove \_□Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00