

# LD9000106151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2010 SEP -2 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

C. LEWIS

SEP 3 2010

EXAMINER

**COVER LETTER.**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Wilson's Off-Road Specialists, 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:

Danny L. Wilson  
Name of Person

Wilson's Off-Road Specialists, LLC.  
Firm/Company

1050 N. Beach Street  
Address

Holly Hill, Fl. 32117  
City/State and Zip Code

For fur accounting@wilsons4x4.com  
E-mail address: (to be used for future annual report notification)

Danny L. Wilson at (386) 673-9725  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

2010 SEP -2 PM 4:19

WILSON'S OFF-ROAD SPECIALISTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11-3-09 and assigned  
Florida document number L09000106151.

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:

1050 N. BEACH STREET

(Principal office address MUST BE A STREET ADDRESS)

HOLLY HILL, FL. 32117

Enter new mailing address, if applicable:

1050 N. BEACH STREET

(Mailing address MAY BE A POST OFFICE BOX)

HOLLY HILL, FL. 32117

**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

, 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 .

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>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

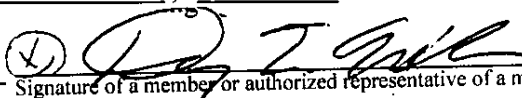
\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Dated \_\_\_\_\_

  
 Signature of a member or authorized representative of a member

Danny L. Wilson  
 Printed or typed name of signee

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 2010 SEP -2 PM 19  
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 TALLAHASSEE, FLORIDA