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SECRETARY OF STATE ALLAHASSEE, FLORINA

T. CLINE
JUL 19 2011
EXAMINER

COVER LETTER

.Division of Corporations Orange County Choppers Newburgh, 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: Mark Advent Name of Person Firm/Company 2627 South Bayshore Drive Address Miami, Florida 33133 City/State and Zip Code MarkAdvent@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rene J. Garcia, Jr. 860-1008 at (305) Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & **7\$55.00** Filing Fee & **]\$**60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF	changed to
OF OF nge County Choppers Newburgh, LL Limited Liability Company as it now appears on our	c Roadhonse Newbourgh
Limited Liability Company as it now appears on our	records.)

(Name of the Limite	A Florida Limited	Liability Company)	rs on our records.)		
The Articles of Organization for this Limited I Florida document numberL0900011		were filed on	12/14/2009	and assigned	
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liab	oility company her	<u>·e</u> :		
The new name must be distinguishable and end w "L.L.C."	rith the words "Lim	ited Liability Compa	my," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:		2627 South E	Bayshore Drive		
(Principal office address MUST BE A STREET ADDRESS)		Unit 1904		F. 23	
		Miami, Florid	a 33133	58 =	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2627 South B Unit 1904	ayshore Drive	HASSEE, F	
Immuning undress MAT BE AT OST OFFICE	. BOAJ	Miami, Florida	a 33133	ORDE &	
B. If amending the registered agent and registered agent and/or the new registered of	_		our records, <u>enter</u>	the name of the nev	
Name of New Registered Agent:	Mark Adver	Mark Advent			
New Registered Office Address:	2627 South Bayshore Drive Unit 1904				
•		Enter Florida street address			
		Miami Cin	, Florida _	33133 Zip Code	
		City		zip Coae	

New Registered Agent's Signature, if changing Registered Agent:

Ora

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:

MGRM = Managing Member

<u>Title</u> Name **Address** Type of Action ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Add Remove ■ Add □ Remove Ω D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 13, 2011 Signature of a member or authorized presentative of a member Rene J. Garcia, Jr. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00