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EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MAD MOTOR CARS LLC	
·	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: $\int_{0}^{\infty} \int_{0}^{\infty} dx = \int_{0}^{\infty} \int_{0}^{\infty} dx$	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



IV	AD MOTOR CARS LLC			
(Name of the Lumited)	Liability Company as it now appe Florida Limited Liability Company)		
The Articles of Organization for this Limited Lia Florida document numberL10000027		MARCH 11, 2010	and assigned	
This amendment is submitted to amend the follo	wing:			
A. If smending name, enter the new name of	the limited liability company h	ere:		
The new name must be distinguishable and end with "L.L.C." Enter new principal offices address, if applica (Principal office address MUST BE A STREE)	ible:			
1 mein office paules 1100 1 may 10 1100 1				
			· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	PON			
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered office address on ice address here:	onr records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:	ASHLEY VINER			
New Registered Office Address:	1349 SE SANDIA DRIVE			
-	Enter Florida street address			
	PORT ST LUCIE	, Florida	34983	
	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 Address Type of Action Name | Title' ASHLEY K VINER **MGRM** 1349 SE SANDIA DRIVE Remove PORT STILUCIE FL 34983 bbA 🔲 Remove □ Add Remove □ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 22 2010 Dated ____ Signature of a member or authorized representative of a member DAVID VINER

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00