## L10000040638

(Requestor's Name)	
· (Address)	
•	
(Address)	
<b>(</b>	
(City/State/Zip/Phone #)	
(Only/Oldio/Zip/) Hollo II)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status

Special Instructions to Filing Officer:

A. LUNT

OCT 19 2010

**EXAMINER** 

Office Use Only



100186387901

10/18/10--01003--016 \*\*25.00



## **COVER LETTER**

10.	Division of Corp					
SUBJE	CT:	RUSSELLS N	MUSCLE CARS LLC			
SOBJE	C1.		ited Liability Company			
The enc	closed Articles of A	Amendment and fee(s) are sul	bmitted for filing.			
Please r	eturn all correspon	ndence concerning this matter	r to the following:			
			CURTIS BUTIKOFER			
			Name of Person			
		WALI	LY V CORDELL CPA LLC		1A S	
			Firm/Company			
			PO BOX 1357		2010 OCT 18 SEGRETAR TALL'AHASS	
			Address		<u>m</u> ~	F
		ES	TERO, FL 33929-1357		PM II: 38 OF STATE EFFLORID	Ę
			City/State and Zip Code		A S	
		IMYO	URCPA@COMCAST.NET to be used for future annual report notifica	tion)		
For furt	her information co	oncerning this matter, please of	•	,		
	CURTI	S BUTIKOFER	at ( 239 ) 2	09-8869		
	Name of		Area Code & Daytime		<del></del>	
		e following amount:				
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	)
	Registra Divisio P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUSSELLS MU	SCLE CARS I	LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	04-15-2010	and assigned
Florida document numberL1000040638			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liz	ability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Comp	any," the designation	
Elect			2018 SEG SALL
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	OCT 118
			SEY 68
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	·		
(Maning undress mar BE AT OST OFFICE BOX)	-		35 - 4.5
B. If amending the registered agent and/or registered	office address on	our records enter	the name of the ne
registered agent and/or the new registered office address he		our records, enter	the name of the ne
Name of New Registered Agent:		<u>.                                    </u>	
New Registered Office Address:			
	Ei	ıter Florida street ad	ddress
		Florido	
	City	, FIOTIGA _	Zin 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 Type of Action **Title** Address <u>Name</u> **MGRM** CORDELL, WALLY V ☑ Add ☐ Remove PO BOX 1357 ESTERO, FL 33929-1357. ∏ Add Remove ☐ Add Remove 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 RUSSELL P KOMPINSKI Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00