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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 JUN -5 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JUN - 6 2013  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TWILIGHT ACQUISITIONS 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:

**Scott M. Berger**

Name of Person

**F/S MOTO LLC**

Firm/Company

**3031 NE 51 STREET #306**

Address

**FORT LAUDERDALE, FL 33308**

City/State and Zip Code

**scott@coastrealtyflorida.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Scott M. Berger**

Name of Person

**954 675-9188**

at ( )

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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**

**TWILIGHT ACQUISITIONS LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 5/12/10 and assigned  
Florida document number L10000051416.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

F/S MOTO LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

1050 NE 43 STREET

OAKLAND PARK, FL 33334

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

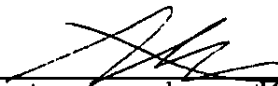
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☐ Remove  
☐ Add  
☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.

 6/11/13  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Scott M. Berger - Managing Member-**

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
**2013 JUN -5 AM 10:55**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**