

Division of Corporations

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**L10000054626**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC  
Account Number : I20070000020  
Phone : (813) 435-3176  
Fax Number : (813) 333-6358

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2012 DEC 13 AM 7:36

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MSUPER MOTORS LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 4       |
| Estimated Charge      | \$25.00 |

C. LEWIS

DEC 14 2012

EXAMINER

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2012 DEC 13 AM 7:36**MSUPER MOTORS 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 05/20/2010 and assigned  
Florida document number L10000054626

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:

(Principal office address **MUST BE A STREET ADDRESS**)

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:

THE LAW OFFICES OF NICK SPRADLIN, PLLC

New Registered Office Address:

18952 NORTH DALE MABRY HWY SUITE 102

Enter Florida street address

LUTZ

City

Florida 33548

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

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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>                      |
|--------------|---------------|----------------------------|--|
| MGRM         | DAVID STAWSKI | 45 SPRING HILL TER         | <input type="checkbox"/> Add               |
|              |               |                            | <input checked="" type="checkbox"/> Remove |
|              |               | SPRING VALLEY NY 10977 US  |  |
| MGRM         | ARTEM BUDYKIN | 7101 9TH AVE N             | <input checked="" type="checkbox"/> Add    |
|              |               |                            | <input type="checkbox"/> Remove            |
|              |               | ST PETERSBURG, FL 33710 US |  |
|              |               |                            | <input type="checkbox"/> Add               |
|              |               |                            | <input type="checkbox"/> Remove            |
|              |               |                            |  |
|              |               |                            | <input type="checkbox"/> Add               |
|              |               |                            | <input type="checkbox"/> Remove            |
|              |               |                            |  |
|              |               |                            | <input type="checkbox"/> Add               |
|              |               |                            | <input type="checkbox"/> Remove            |
|              |               |                            |  |
|              |               |                            | <input type="checkbox"/> Add               |
|              |               |                            | <input type="checkbox"/> Remove            |
|              |               |                            |  |

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

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Dated 12/03, 2012



Signature of a member or authorized representative of a member

DAVID STAWSKI

Typed or printed name of signee

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