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FILED SECRETARY OF STATE IVISION OF CORPGRATION

COVER LETTER

Division of Co	orporations				
SUBJECT:	Steelhorse Auto Works, LLC				
SOBJECT:		ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
		Christopher Cooley			
		Name of Person			
Steelhorse Auto Works, LLC					
Firm/Company					
	10	0961 SR 52 Suite 103			
Address					
	Hudson, FL 34669				
City/State and Zip Code					
	Ccooley@steelhorseautoworks.com E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please c	all:			
	stopher Cooley	at (_727_)			
Name	of Person	Area Code & Daytr	me Telephone Number		
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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

TO:

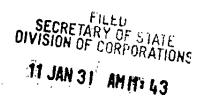
Registration Section

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



Ste	elhorse Auto Works, LL	C	
(Name of the Limited (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia	ability Company were filed on	06/04/2010	and assigned
Florida document number L10000060	727 .		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	<u> </u>		
	·		
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered office address on i	our records, enter t	he name of the new
			
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addi	·ess
	City	, Florida	Zip Code
	City		EID CONC

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>	Name	<u>Address</u>	Type of Action
MGRM	Jennifer E. Cooley	10716 Rain Lilly Pass Land O Lakes, FL 34638	Add Remove
			Add Remove
			Add Remove
			Add Remove
<u>·</u>			Add Remove
			Add Remove
D. If amendi	ng any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY DIVISION OF C
			RY OF STATE CORPORATIONS
Dated	28/11 Chust	plen Su	Z
_	Signature of a member CHRISTO PHE Typed	or printed name of signee	

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Filing Fee: \$25.00