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(Address)				
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11 DEC 27 PM 2: 50
SECRETARY OF STATE

K.BALY EXAMINER DEC 29 2011

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CCT:	LOWPRO	O RACKS, LLC	
			ed Liability Company	
		Amendment and fee(s) are sub	-	
Please	return all correspor	idence concerning this matter	to the following:	
		J	. STEPHEN PERRY	
			Name of Person	
			WPRO RACKS, LLC	
			Firm/Company	·
			1055 CHARLES ST	
			Address	<u> </u>
		CLE	EARWATER, FL 33755	
			City/State and Zip Code	
			erryco@earthlink.com be used for future annual report notifica	tion)
For fur	her information co	ncerning this matter, please ca		•
 	J. STE Name of	PHEN PERRY Person	at (727) 47 Area Code & Daytime T	79-2104 elephone Number
		Manager of the second	•	the second
Enclose	ed is a check for the	e 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)
		NG ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 11 DEG 27 PM 2: 50 SECRETARY OF STATE ds.) G. P. C.	}
•	

100 000	7000	PAL C	ETARY OF			
	NACKS, LLC Liability Company as it now appears	on our records.)	HASSEE, FLORIDA			
(A	Florida Limited Liability Company)		LURIDA			
The Articles of Organization for this Limited Lia	ability Company were filed on	IUNE 21, 2010	and assigned			
Florida document numberL10000065	838					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liability company here:					
-						
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Company	y," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applica	ible:					
(Principal office address MUST BE A STREE)	T ADDRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE 1	<u> </u>					
B. If amending the registered agent and/o	r registered office address on ou	r records, enter ti	ne name of the new			
registered agent and/or the new registered off			io name of the new			
Name of New Registered Agent:	J. STEPHEN PERRY					
New Registered Office Address:						
	Enter	r Florida street addr	ress			
	CLEARWATER	, Florida	33755			
	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, Unereby confirm that the limited liability company has been notified in writing of this change.

nt, Signature of New Registered Agent

Page 1 of 2

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>	Address	Type of Action
MGRM	TIM F MOONEY	1055 CHARLES ST CLEARWATER, FL 33755	Add Remove
			Add Remove
 			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			_
Dated	DECEMBER 22 , 201	<u> 1</u>	_
_		or authorized representative of a member	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00