

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WHR Sales, 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:

William B. Hart, Registered Agent
Name of Person
WHR Sales, LLC
Firm/Company
3400 Broadway
Address
Riviera Beach, FL 33404
City/State and Zip Code
bill@lolachampcar.com
E-mail address: (to be used for future annual report notification)

FILED
10 OCT 28 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

William B. Hart, Registered Agent at (561) 371-3700
Name of Person Area Code & Daytime 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 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

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:

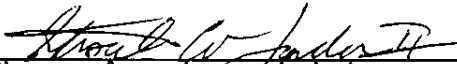
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	William B. Hart	1149 North Harbor Drive Signer Island, FL 33404	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
10 OCT 28 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated October 18, 2010.



Signature of a member or authorized representative of a member
LANDER, STROUBE W II, MGRM

Typed or printed name of signee