## 10000088384

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SECRETARY OF STATE ON OF STATE OF STATE

T. HAMPTON
DEC 8 7 2010
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT:	Kart Barriers Distribution, LLC				
SOBJECT.		ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	<u></u>	Bertrand Ollier			
		Name of Person	•		
		Firm/Company			
	10026 S. Yacht Club Drive				
	Address				
	Treas	ure Island, Florida 33706	<del> </del>		
		City/State and Zip Code			
	E-mail address: (1	kart1d@aol.com to be used for future annual report notified	cation)		
For further information	concerning this matter, please c	all:			
Bertrand Ollier		at \	455-8391		
Name	of Person	Area Code & Daytim	c 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			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

10 DEC 23 PM 1: 89

	KART BARRIERS DIS	<u> </u>	<u> </u>	
( <u>Nar</u>	ne of the Limited Liability Company ( (A Florida Limited Liab	is it now appears on our ility Company)	records.)	
The Articles of Organization for	or this Limited Liability Company we	re filed on8/	23/10 and assigned	
Florida document number	L10000088384			
This amendment is submitted to	to amend the following:			
A. If amending name, enter	the new name of the limited liabilit	y company here:		
The new name must be distinguing. "L.L.C."	shable and end with the words "Limited	Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices a	ddress, if applicable:			
(Principal office address MUS	ST BE A STREET ADDRESS)			
Enter new mailing address, i				
	red agent and/or registered office ew registered office address here:	address on our reco	ords, <u>enter the name of the nev</u>	
Name of New Regist	ered Agent:			
New Registered Office	ce Address:	Enter Flori	da street address	
		. Florida		
		lity	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 Type of Action <u>Title</u> <u>Name</u> Address **MGRM** Bertrand Ollier 10026 S. Yach Club Drive **☑** Add Treasure Island, FL 33706 Remove MGR **Bertrand Ollier** ☐ Add 10026 S. Yach Club Drive Treasure Island, FL 33706 ✓ Remove Add ☐ Remove Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The only correction that we need to make is: change Bertrand Ollier from MGR to MGRM. Thank you December 20 2010 Dated\_ Signature of a member or authorized representative of a member **Bertrand Ollier** 

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Typed or printed name of signee

Filing Fee: \$25.00