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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2016

MARE ROBERT 171 NW 13TH STREET BOCA RATON, FL 33432

SUBJECT: AMERICAN V TWIN LLC

Ref. Number: L10000096088

We have received your document for AMERICAN V TWIN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 116A00002252

1016 FEB 29 A ID: 2 SECRETARY OF STATE

www.sunbiz.org

COVER LETTER

Division of Cor				
SUBJECT: Ame	rican V Tuin	LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Robert	Mare Name of Person		
	American	Firm/Company LLC		
	171 NW 13	STreeT Address		
	Boca Raton	FL 33432 City/State and Zip Code		
		100. (0/M) To be used for future annual report notific		
For further information c	oncerning this matter, please c	all:		
Robert M Name o	Are f Person	at (56) 271-8 Area Code Daytime	311 SECRETARY Telephone Number HARY SECRETARY 29	
Enclosed is a check for the	ne following amount:		سنعلية	
□ \$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 & Certificate of Status & Certificate copy (additional copy is enclosed)	Ó
Registr Divisio	ING.ADDRESS:	STREET/COURIE Registration Section Division of Corporat Clifton Building		

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida 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 9 14 20 0 and assigned Florida document number 100009 96 088. 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 contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal office 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, effect the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 7284 W PalmeTTo Park Road #205 Enter Florida street address Enter Florida street address	American V Twin, LLC
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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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, effer the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 7284 W Palmet To Park Road #205	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 7284 W PalmeTTo Park Road #205	,
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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, effect the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 7284 W PalmeTTo Park Road #205	Principal office address MUST BE A STREET ADDRESS)
New Registered Office Address: 7284 W Palmetto Park Road #205	Mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new
Boca Faton, Florida 33433 Zip Code	New Registered Office Address: 7284 W Palmetto Park Road #205 Enter Florida street address

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 605, 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.

f Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	David M Levy	2927 NW 23rd CTB	Oca Ra ToN DAdd
			Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
			SECRETARY OF STATE
			F S TA TO Remove
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			Add
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			□ Remove
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Effective date, if other than the date of filing: (optional) (optional) (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (obtional) (optional) (optional) (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (obtional) (optional) (optional) (an effective date is selected in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. (are record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. (bated) Signature of a member or authorized representative of a member		
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Filing Fee: \$25.00