L10000104546

| (Requestor's Name) | |
|---|------|
| (Address) | |
| | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| Certified Copies Certificates of Sta | atus |
| Special Instructions to Filing Officer: | |
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T. HAMPTON OCT 20 2010 EXAMINER

COVER LETTER

Registration Section
Division of Corporations

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

· TO:

| SUBJECT: | MAXXIMUM | I OVERDRIVE LLC | | |
|------------------------------|--|---|---|--|
| SUBJECT. | | ited Liability Company | - | |
| | Amendment and fee(s) are sul | | | |
| riease return an correspo | ondence concerning this matter | to the following. | | |
| | NOEL BROWN | | | |
| | | Name of Person | | |
| | | NTB SERVICES LLC Firm/Company | | |
| | | rim/Company | | |
| 1080 KNOTTY PINE AVE Address | | | | |
| | N/A | DDTU DODT 51 04000 | | |
| | NORTH PORT FL 34288 City/State and Zip Code | | | |
| | E-mail address: (| to be used for future annual report notifica | tion) | |
| For further information of | concerning this matter, please o | call: | • | |
| NC | DEL BROWN | at (| 29-0506 | |
| Name o | of Person | Area Code & Daytime T | Celephone Number | |
| Enclosed is a check for t | the following amount: | | | |
| ✓ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| MAIL | ING ADDRESS: | STREET/COURIE | R ADDRESS: | |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 10 OCT 1 | SECRETA DIVISION OF |
|----------|------------------------|
| 9 | 025 |
| AMIT | TARY OF STATES |
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MAXXIMUM OVERDRIVE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (A Flor | ida Limited Liability Company) | | RAA |
|--|---------------------------------|-----------------------------|-------------------------|
| The Articles of Organization for this Limited Liabili | ty Company were filed on | 10/06/2010 | and assigned |
| Florida document numberL10000104546 | <u>.</u> | | |
| This amendment is submitted to amend the following | g: | | |
| A. If amending name, enter the new name of the | limited liability company here | 2: | |
| The new name must be distinguishable and end with the "L.L.C." | words "Limited Liability Compar | ny," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET AL | ODRESS) | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | | ··· |
| B. If amending the registered agent and/or registered agent and/or the new registered office a | | ur records, <u>enter th</u> | ne name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | C!1 | , Florida | Zip Code |
| | City | | zıр Соае |

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 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 | ALTON M HAYNES IV | 4384 HIDDEN RIVER ROAD SARASOTA FL 34240 | Add Remove |
| MGRM | STEVEN A HAYNES | 4384 HIDDEN RIVER ROAD SARASOTA FL 34240 | Add Remove |
| • | | | Add Remove |
| MGRM | ALTON M HAYNES III | 4384 HIDDEN RIVER ROAD SARASOTA FL 34240 | Add Remove |
| <u>MGR</u> | ALTON M HAYNES IV | 4384 HIDDEN RIVER ROAD SARASOTA FL 34240 | ØAdd Remove |
| MGR | STEVEN A HAYNES | 4384 HIDDEN RIVER ROAD SARASOTA FL 34240 | Add Remov e |
| D. If amend | ling any other information, enter chan | ge(s) here: (Attach additional sheets, if necessary., | <u> </u> |
| <u>C</u> | ORRECTING STEVEN A HAYNE | S AND ALTON M HAYNES IV TO MGR'S | OSECH HOUSE |
| AN | ID ADDING ALTON M HAYNES | III AS MGRM | ON OF OR |
| . — | | | Y OF S |
| | | | STATE OR ATT |
| , | | | NS. |
| Dated | OCTOBER 14 , 20 | 010 | |
| | Signature of a membe | of authorized representative of a member | |
| | | ON M HAYNES III or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00