

L11000003931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

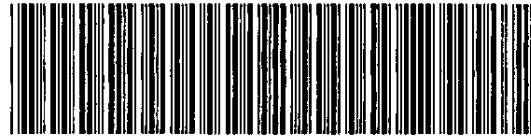
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400192093584

01/21/11--01051--020 **25.00

FILED
11 JAN 21 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 24 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Road Rat Motors, 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:

Justin Jackrel
Name of Person
Road Rat Motors, LLC
Firm/Company
7065 NW 22nd St Suite A
Address
Gainesville FL 32653
City/State and Zip Code
Justin@RoadRatMotors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Jackrel at (352) 376-6275
Name of Person Area Code & Daytime Telephone Number

FILED
11 JAN 21 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

Road Rat Motors, LLC

(Name of the 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 01/10/11 and assigned
Florida document number L11000003931.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CitEcar LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Same as on file

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as on file

FILED
11 JAN 21 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Same

New Registered Office Address:

Same

Enter Florida street address

_____, Florida

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, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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
 11 JAN 21 PM 4:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated January 19, 2011.

Justin Jackrel
 Signature of a member or authorized representative of a member
Justin Jackrel
 Typed or printed name of signee



400 Commonwealth Drive, Warrendale, PA 15096-0001 USA
Phone: (724) 772-8511, Fax: (724) 776-0243

e-mail: ksiddall@sae.org
web: <http://www.sae.org>

January 19, 2011

Justin Jackrel
citEcar LLC
7065 NW 22nd St
Gainesville FL 32653-3986

Dear Justin Jackrel:

As the agent of the National Highway Traffic Safety Administration for the assignment of manufacturer identifiers pursuant to CFR 49 Part 565 Vehicle Identification Number Requirements (VIN), the following World Manufacturer Identifier (WMI) Code has been reserved:

WMI Code	1G9	Positions 1, 2 & 3 of VIN
WMI extension	411	Positions 12th, 13th & 14th of VIN
Manufacturer	citEcar LLC 7065 NW 22nd St Gainesville FL 32653-3986	
Country	United States	
Vehicle Type	Electric Low Speed Vehicle	

If changes occur, such as company name, ownership, address and/or phone number, please be sure to notify us as soon as possible.

If you have questions concerning the construction of your Vehicle Identification Number, please contact the National Highway Traffic Safety Administration (NHTSA), Office of Vehicle Safety Compliance at:

Email: importcertification@dot.gov
Phone: 202.366.5291
Fax: 202.366.1024

Thank you.

Sincerely,

Kris Siddall
CSR / WMI Coordinator
724-772-7107
ksiddall@SAE.org

enclosure

FILED
11 JAN 21 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA