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S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor			
Marla	and Motors, Ll	_C	
SUBJECT:		nited 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:	707
	D. D'Annetta	a McFarland	
		Name of Person	6 J
	Marland Mo	tors, LLC	
		Firm/Company	93.4 4T
	3015 Steep	echase Drive	
		Address	
	Lakeland, F		
	marland.motors.l	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
William Mar	rtin	at (813) 786-7	076
Name of	f Person		Telephone Number
Enclosed is a check for the	ne 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

Mariand Motors, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	<u>r</u>)
The Articles of Organization for this Limited Liability (Florida document numberL11000011841	Company were filed on <u>01/27/2011</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the words "Li	imited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address agent.		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	5
<u></u>	, Flo	Orida
	City	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, ar agent as provided for in Chapter 605, a red office address, I hereby confirm the	nd I am familiar with and F.S. Or, if this document is
	If Changing Registered Agent, Signature	of New Registered Agent

1V TOWNS SERVICED TO SERVICE TO THE PROBLEM OF PROBLEM

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

$\mathbf{AMBR} = \mathbf{A}$	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	D. D'Annetta McFarland	3015 Steeplechase Driv	e_□ Add
		Lakeland, FL 33811	■ Remove
MGR	William Martin	3015 Steeplechase Driv	— e _{□ Add}
		Lakeland, FL 33811	■ Remove
MGR	Kerena Martin	3015 Steeplechase Driv	—— E □ Add
Stay F	per William	Lakeland, FL 33811	□ Remove
			Remove
			□ Add
			□ Remove
			□ Add
	ACIR TE ERSEABALLAT		_□ Remove
	89:7 76 81 NAC 71		

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	prior to date of receipt or filed date and cannot be	(optional) more than 90 days after
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