## 11000018465

	(Requestor's Name)
	(Address)
. <u>.</u>	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	

Special Instructions to Filing Officer:

L. SELLERS

APR 18 2011

**EXAMINER** 

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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

## **COVER LETTER**

Division of Corporations
SUBJECT: CAR CONSULTING SERVICE L.L.C.  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:
DEAN W. AYERS  Name of Verson
CCCS L.L.C. Firm/Company
2850 GRANADA BWO. Address
LISSIMMEE, FL, 34746 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DEAN W. AyERS at 407) 460-2400  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status & Certificate of Status & Certificate of Status & Certificate Opy (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

CLASSIC CAR CONSULTING SER	WICE L.L.C.
Name of the Limited Liability Company as (A Florida Limited Liability	t now appears on our records.)
The Articles of Organization for this Limited Liability Company were Florida document number 4/1000/18665.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
The new name must be distinguishable and end with the words "Limited Li "L.L.C."	ability Company," the designation "LLC" or the abbreviation
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 a registered agent and/or the new registered office address here:	ddress on our records, enter the name of the new
Name of New Registered Agent:	LCO AP THE PROPERTY OF THE PRO
New Registered Office Address:	Enter Florida street address
	Florida FV & O
City	Zi Code
New Registered Agent's Signature, if changing Registered Agent:	<b>&gt;</b>

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:

	= Manager 1 = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If ar	BUD. C KISSIMMES, Fx. 30	nge(s) here: (Attach additional sheets, if necessary)  ADDRESS FROM 1001 Ann  4741 TO NEW ADDRES  LE KISSIMMEE, FL,	ISTRONY IS OF
Dated _		er or authorized representative of a member	
	DEAN W. AYEN	d or printed name of signce	

Page 2 of 2

Filing Fee: \$25.00