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C. LEWIS JUN 2 1 2011 **EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CASSIC 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 RYERS  Name of Person
CCCS L.C. Firm/Company
2850 GRANADA BWD.
2550 GRANADA BWA.  Address  KISSIMMEE, 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 AYEAS at 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  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



CHASCIC CAA	Carritule	Service Lest Sun 20 PM # 50
(Name of the Limited Liabili	ity Company as it now app	pears on our records.)
( <u>Name of the Limited Liabili</u> (A Florida	a Limited Liability Compan	y) TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability	C	CEANASSEE, FEGRIDA
_		and assigned
Florida document number <u>LIIO000I866</u> .	7	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liebility company	hara.
A. If amending name, enter the new name of the in	inted natinty company	nere.
Th	1 41 1 1 1 1 1 1 1 7 7	24 1 2 4 4 1 6 4 1 6 2 4 4 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
The new name must be distinguishable and end with the will.L.C."	ords "Limited Liability Cor	mpany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
( <u>Principal office address MUST BE A STREET ADD</u>	ORESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	stered office address of	n our records, enter the name of the new
registered agent and/or the new registered office ad		· <del></del>
Name of New Registered Agent:		
Name Description Address		
New Registered Office Address:		Enter Florida street address
	C:	, Florida Zip Code
	City	гір 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 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 **Title** Address **Type of Action** Name HEINMICH HUESLER MCR Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member EAN W XUERS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00