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J. BRYAN
NOV 22 2011
EXAMINER

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	KEN J	R'S 4X4S, LLC	
		nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
		Kenneth E. Wing Jr.	
		Name of Person	
		IR'S OFF ROAD, LLC	
		Firm/Company	
		702 Commerce Circle	33.0
		Address	ASS.
		Longwood, FL 32750	NOV 21 PM 2: 20
		City/State and Zip Code	
	t	amarasmnr@aol.com	20 20
	E-mail address:	to be used for future annual report notification	
For further information	concerning this matter, please	call:	
To	mmy Sumner	407 000	2042
<u> </u>	of Person	at ( 407 ) 908- Area Code & Daytime Tele	2043
Nane	ot reison	Area Code & Daytime Fele	pnone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Sox 6327	STREET/COURIER A Registration Section Division of Corporations Clifton Building	
ı alıan	assee, FL 32314	2661 Executive Center C	ircie

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEN JR'S 4	X4S, LLC	<b>一些</b>
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our recon iability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document numberL11000024683		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
JR'S OFF RO	DAD, LLC	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	702 Commerce Circle	
(Principal office address MUST BE A STREET ADDRESS)	Longwood, FL 32750	
Enter new mailing address, if applicable:	702 Commerce Circle	
(Mailing address MAY BE A POST OFFICE BOX)	Longwood, FL 32750	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	e: Enter Florida sti	
	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.

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

<u>e</u>	Name	Address	Type of Action
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			Addr.
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If amen	tiding any other information, enter	change(s) here: (Attach additional sheets, if	
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Filing Fee: \$25.00