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| (Requestor's Name) | | _ | |
|--|--------|---------------|--|
| MAIL EDSTATES POSTAL SERVICE ROBIN L Jones 860 Chalmft Lana Sackson ville FL 32218 | | Ties | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT | MAIL | | |
| (Business Entity Name) | | _ | |
| | | | |
| (Document Number) | | | |
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| Certified Copies Certificates of S | Status | · | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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14 PM 4: 55

EXAMINER

OCT **25** 2011

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 OCT 24 PM 4: 55

SEUNETANT OF STATE

| Wet Wheels and | Styles" LLC" | - ALTARASSER, EL WHE | |
|--|---|--|--|
| Net WHEELS AND (Name of the Limited Liability C | Company as it now appears on our i mited Liability Company) | records.) | |
| The Articles of Organization for this Limited Liability Cor Florida document number <u>L//000038938</u> | mpany were filed on <u>March 3</u> Filed | 9:00 mm | |
| This amendment is submitted to amend the following: | • | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | | |
| The new name must be distinguishable and end with the words "L.L.C." | s "Limited Liability Company," the d | esignation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRE | ESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent: | | ds, enter the name of the new | |
| | | | |
| New Registered Office Address: | Enter Florida street address | | |
| | Flavida | | |
| | City | FloridaZip Code | |
| New Registered Agent's Signature, if changing Registered A | Agent: | | |
| I hereby accept the appointment as registered agent an the provisions of all statutes relative to the proper and accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change. | complete performance of my du nt as provided for in Chapter 60 | ties, and I am familiar with and 8, F.S. Or, if this document is | |

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** <u>Name</u> <u>Address</u> **Type of Action** MGR Robin L Jones 962 Chalmet Lane Salksonville Fl 32218 _Z Add ☐ Remove MGR Louis W ColviNMR. 862 Chalmet LANE
SACKSONVILLE EL 32218 MGR Terrence J Styles Sr. 1502 East 25th Street Add Jackson VI (E. F.) 32206 PREMOVE MGR Gregorey G Jowes Jr. BGJ Chalmet Lane Sacksonville Fl 32218 APryl-G. McPhrodden 11050 HATTS RODD #1302 DAGS

SOCK BONVILLE FT 32218 PREMOVE WGR ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Oct 20th , 2011. Signature of a member or authorized representative of a member Robin L. Jones
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00