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T. HAMPTON

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EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations						
SUBJECT:	Sa	nilfish Motor Cars LLC				
	Name of Limited Liability Company					
	icles of Amendment and fee(•				
		Devan D Wilson				
		Name of Person				
	Firm/Company					
		11953 SW Bennington Cir Address				
	Port St Lucie, FL 34987					
		City/State and Zip Code				
		devdwilson@aol.com				
	E-mail	address: (to be used for future annual report notification)				
For further inform	nation concerning this matter	r, please cail:				
	Devan D Wilson	at (772) 201-6070				
Name of Person		Area Code & Daytime Telephone Number				
Enclosed is a che	ck for the following amount:					
\$25.00 Filing	Fee \$30.00 Filing Fe Certificate of	Status Certified Copy Certificate (additional copy is enclosed) Certified	e of Status &			
	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				



Tuesday, November 15, 2011

To: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed the following two items:

- ➤ A copy of the Florida Department of State Division of Corporations form to amend the articles of organization of Sailfish Motor Cars LLC changing the principal and mailing address, effective immediately, to 426 NW Lake Whitney Pl, Port St Lucie, FL 34986.
- ➤ A \$30.00 bank issued check made payable to "Florida Department of State" for the required filing fee and certificate of status.

Thank you for your time regarding this matter and should any questions arise, please contact me at the above listed phone number and/or address.

19VV

Devan D Wilson Owner/Operator devdwilson@aol.com

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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Sailfish Moto (Name of the Limited Liability Compa- (A Florida Limited L	or Cars LLC ny as it now appear liability Company)	JALLAN Son our records,	HASSEE, FLORIDA	
The Articles of Organization for this Limited Liability Company Florida document numberL11000052429	were filed on	05/04/2011	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	ility company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compa	ny," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:	426 NW Lake Whitney Pl			
(Principal office address MUST BE A STREET ADDRESS)	Port St Lucie,	FL 34986		
Enter new mailing address, if applicable:	426 NW Lake	Whitney PI		
(Mailing address MAY BE A POST OFFICE BOX)	Port St Lucie, FL 34986			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	e :		•	
	Enter Florida street address			
	City	, Florida	Zip Code	
New Degistered Agent's Signature if changing Registered Agents	•			

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 **Type of Action** <u>Title</u> **Address Name** ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Changing Principal and Office addresses only. November 15 2011 Dated Signature of a member or authorized representative of a member Devan D Wilson Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00