

L11000054012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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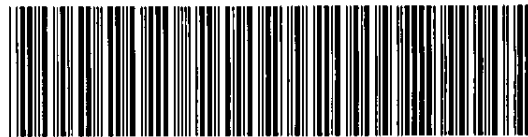
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12 JUL 16 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 16 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Custom Cars, LLC
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:

Don Lamar Hargrove II
Name of Person

Custom Cars LLC
Firm/Company

415 Capital Circle SW
Address

Tallahassee, FL, 32304
City/State and Zip Code

customcarsinc@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Don Lamar Hargrove at (850) 322-9973
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & 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

FILED
JUL 16 PM 5:06
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Custom Cars LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/6/11 and assigned Florida document number L11000057/012.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

415 Capital Circle SW
Tallahassee, FL 32304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

415 Capital Circle SW
Tallahassee, FL 32304

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

John Spencer

New Registered Office Address:

415 Capital Circle, Tallahassee, FL 32304
Enter Florida street address

Tallahassee, Florida 32304
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.

John Spencer
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

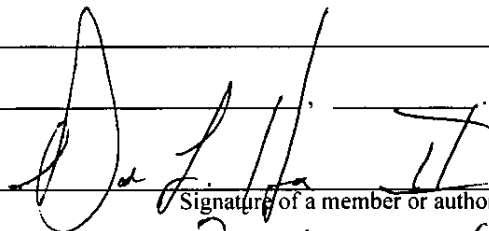
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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12 JUL 16 PM 5:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated _____



Signature of a member or authorized representative of a member

Don Lamar Henry

Typed or printed name of signee