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EXAMINER



400209780744

08/03/11--01029--005 **25.00

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	T: West Florida Motors LLC Name of Limited Liability Company
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Kenneth D. Parsons
	West Floridy Motors LLC.
	4907 Lillian Huy
	Pensacola FL 32506 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	ner information concerning this matter, please call:
	Name of Person at (85B 232-367) Area Code & Daytime Telephone Number
Enclose	d is a check for the following amount:
□ \$25.	00 Filing Fee \$\ \text{S55.00 Filing Fee & Certificate of Status}\$\ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{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

MIRST Flor	ida Motors,	LLC.
Y <u>Name of the Limited Lial</u> (A Floi	pility Company as it now appears or ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabili	ity Company were filed on	07 (/ and assigned
Florida document numberL110000783	<u> </u>	
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	•
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET AI	DDRESS)	
		The same
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u> _	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	<u> </u>	
		9 2 C
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our	records, enter the name of the new
The second and the second seco	address nere.	
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter	Florida street address
<u>_</u>		, Florida
	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

MGRM = Managing Member

Title Name **Type of Action** 🖸 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.) 20(Dated Signature of a member or authorized representative of a member assons Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00