

L110000078725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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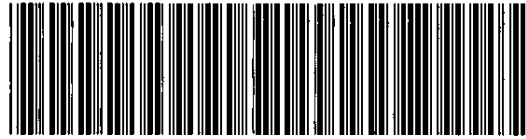
(Business Entity Name)

(Document Number)

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11 OCT -3 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT - 4 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL TERRAIN CUSTOM MOTORSPORTS 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:

Natalie Caro

Name of Person

Firm/Company

111 E. Monument Ave #401 - C

Address

Kissimmee, FL 34741

City/State and Zip Code

natalie@myobConsulting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie Caro

Name of Person

at (407) 963-5600

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

11 OCT -3 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

All terrain Custom motorsports 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 7/5/11 and assigned
Florida document number L11000078725

This amendment is submitted to amend the following:

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

Vinny's Garage, LLC.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

M.Y.O.B. Consulting
111 E. Monument Ave. #401
Kissimmee, FL 34741

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:

New Registered Office Address:

Enter Florida street address

, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Drew Burnes	621 Grand Canal Dr Kissimmee, FL 34769	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Nicholas B. Parr	3534 Cozumel Cir. #414 Kissimmee, FL 34741	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Natalie Caro	111 E. Monument Ave #401 or Kissimmee, FL 34741	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT -3 PM 12:15

FILED

Dated September 23, 2011

Signature of a member or authorized representative of a member
Vinny Rodriguez

Typed or printed name of signee