1110000088885

(Requestor's Name)			
(Address)			
(Address)			
(1001000)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(======================================			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



800211300938

09/15/11--01008--006 **25.00

SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

THAMPTON
SEP 1/8 2011
EXAMINER

COVER LETTER

Division of Co	rporations				
SUBJECT:	Last Chance Motors LLC				
30202C1.	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspondent	ondence concerning this matte	r to the following:			
	Julie Patterson				
	Name of Person				
	Last Chance Motors LLC				
	Firm/Company				
	516 South Shell RD				
•	Address				
	DeBary, FL 32713				
	City/State and Zip Code				
ipandip@bellsouth.net					
jpandjp@bellsouth.net E-mail address: (to be used for future annual report notification)					
For further information of	concerning this matter, please of	call:			
Jul	lie Patterson	at (_386)	304-4933		
Name of Person		Area Code & Daytime			
Enclosed is a check for the	he 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

TO:

Registration Section

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

2 23 B .

2011 SEP 15 AM 11: 36

Last Chance	Motors LLC	SECRETARY OF STATE
Last Chance (Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears iability Company)	on our records. ASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company Florida document numberL11000088885		08/03/2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here	:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	PO Box 53089	9
(Mailing address MAY BE A POST OFFICE BOX)	DeBary, FL 32	753
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	ice address on ou :	r records, <u>enter the name of the new</u>
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 agre the provisions of all statutes relative to the proper and comple	e to act in this cap ete performance of	acity. I further agree to comply with fmy 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 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> **Address Type of Action** <u>Name</u> Clifton E Patterson **MGRM** 516 South Shell RD DeBary, FL 32713 Remove Remove □ Add _ Remove ☐ Add Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 12 2011 Dated

Page 2 of 2

Filing Fee: \$25.00