#L 12000001069

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K. SALY EXAMINER JAN 1 3 2012

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COVER LETTER

TO: Registration Division of C	Corporations	:			
SUBJECT:	MUSTA	NG PWB, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	spondence concerning this matte	er to the following:	•		
	James E. Dougherty				
Name of Person					
MUSTANG PWB, LLC					
Firm/Company					
830-13 A1A N. #134					
Address					
Ponte Vedra, FL 32082					
		City/State and Zip Code			
james.edward@live.com E-mail address: (to be used for future annual report notification)					
For further information	n concerning this matter, please	•			
Jam	nes E. Dougherty	at (_970) 84	46-4518		
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED: 12 JAN 12 PM 2:51 SEGRETARY OF STATE TALLAHASSEE, FLORIDA

MUSTANG	PWB, LLC	I ALL	AHASSEE, FLORIDA
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appear Liability Company)	rs on our records.	
The Articles of Organization for this Limited Liability Company	were filed on	1/3/2012	and assigned
Florida document number L12000001069			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	my," 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:			
(Mailing address MAY BE A POST OFFICE BOX)			
		•	
			•
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter	the name of the new
registered agent and/or the new registered office address ner	<u>e</u> :		
Name of New Desires and Assets		•	•
Name of New Registered Agent:			
New Registered Office Address:			
•	Eni	ter Florida street add	tress
		, 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** <u>Name</u> **Address Type of Action MGRM** James E. Dougherty 830-13 A1A N. #134 ☐ Add √ Remove Ponte Vedra, FL 32082 James E. Dougherty MGR 830-13 A1A N. #134 ✓ Add Ponte Vedra, FL 32082 Remove Remove Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 10 2012 Dated ___

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Filing Fee: \$25.00

Signature of a member or authorized representative of a member

James E. Dougherty

Typed or printed name of signee