

L12000002867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

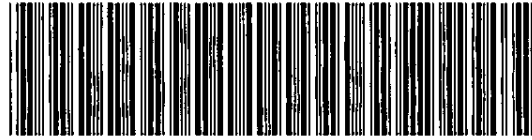
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** V-Twin Station Plus  
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:

Cody Taylor  
Name of Person  
V-Twin Station Plus  
Firm/Company  
350 Eldridge Ave Ste 10  
Address  
Orange Park FL 32073  
City/State and Zip Code  
vtwinstation@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cody Taylor at ( 904 ) 269-9633  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                            |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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.

2016 JAN -8 AM 9:30

V-Twin Station Plus, LLC

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

(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 01/06/2012 and assigned  
Florida document number L12000002867.

This amendment is submitted to amend the following:

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

V-Twin Performance LLC

The new name must be distinguishable and contain 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)

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:

Cody Taylor

New Registered Office Address:

350 Eldridge Ave. Suite: 10

Enter Florida street address

Orange Park

City

Florida 32073

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 605, 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.*

Cody Taylor

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u>                    | <u>Name</u>          | <u>Address</u>                  | <u>Type of Action</u>                      |
|---------------------------------|----------------------|---------------------------------|--------------------------------------------|
| <u>PREVIOUS</u><br><u>Owner</u> | <u>DAVID A. LEGG</u> | <u>5525 PRELARD PH.</u>         | <input type="checkbox"/> Add               |
|                                 |                      | <u>INDIAN HEAD MD. 20640</u>    | <input checked="" type="checkbox"/> Remove |
|                                 |                      |                                 | <input type="checkbox"/> Change            |
| <u>Owner</u>                    | <u>CODY TAYLOR</u>   | <u>1278 FLOYD ST.</u>           | <input checked="" type="checkbox"/> Add    |
|                                 |                      | <u>FLEMING ISLAND, FL 32003</u> | <input type="checkbox"/> Remove            |
|                                 |                      |                                 | <input type="checkbox"/> Change            |
|                                 |                      |                                 | <input type="checkbox"/> Add               |
|                                 |                      |                                 | <input type="checkbox"/> Remove            |
|                                 |                      |                                 | <input type="checkbox"/> Change            |
|                                 |                      |                                 | <input type="checkbox"/> Add               |
|                                 |                      |                                 | <input type="checkbox"/> Remove            |
|                                 |                      |                                 | <input type="checkbox"/> Change            |
|                                 |                      |                                 | <input type="checkbox"/> Add               |
|                                 |                      |                                 | <input type="checkbox"/> Remove            |
|                                 |                      |                                 | <input type="checkbox"/> Change            |
|                                 |                      |                                 | <input type="checkbox"/> Add               |
|                                 |                      |                                 | <input type="checkbox"/> Remove            |
|                                 |                      |                                 | <input type="checkbox"/> Change            |

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

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E. Effective date, if other than the date of filing: 16, Sept 2013 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

16 Sep 2015

100

Signature of a member or authorized representative of a member

DAVID A. LEY

Typed or printed name of signee