#/ 12000/52/4

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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SERVETARY OF STATE
MALLAHASSER, FLORIDA

K.SALY EXAMINER FEB 15 2012

COVER LETTER

TO: Registration S Division of Co	rporations
SUBJECT:	TAS Motors IIC
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
	TAS FINANCIAL PARTNERS LLC Name of Person
	Reginald Berthiaume Firm/Company
	5036 Dr. Philips Plus #282
	ORIANS FL 32819
	City/State and Zip Code R beath O PAydango. Com E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Req. wald	Deathinume at (407) 718-8844 of Person Area Code & Daytime Telephone Number
Enclosed is a check for	he following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

	O1		12 FEB 12 00
TAS Mo	tons	LLC	12 FEB 13 PM 1: 22
(Name of the Limited Liability (A Florida Lin	Company as it nov	w appears on our record	S. TALLAHASSEE FLATE
(11 101144 511			LURIDA
The Articles of Organization for this Limited Liability Con		on 2 1 201	2 and assigned
Florida document number <u>4 12000015214</u>	, _•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability comp	any here:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liabilit	y Company," the designar	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ess)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<u>,</u>		
B. If amending the registered agent and/or register		ess on our records, <u>e</u>	oter the name of the new
registered agent and/or the new registered office addre	ss here:		
Name of Nov. Pagintared Agent.			
Name of New Registered Agent:	······································		
New Registered Office Address:		Enton Florida etro	at addraga
	Enter Florida street address		
	City	, Florid	daZip Code
	City		zip Coae

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Title** Name 1 **Address Type of Action** DiAMA m Berthiaume 3616 Bellington Dr. DAdd
ORlando Fl J2835 Remove MGRM Reginald m Benthiaume 7616 Bellington Dr. KAdd
ORIANDO FL 32835 Rem MGRM ☐ Add Remove Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please Add TAX Id # 80-0782585 Signature of a member or authorized representative of a member

Benth, Aume
Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00