L1200009184

ı	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
:	A. LUNT
·	JUL 19 2011

Office Use Only

EXAMINER



500237470125

07/18/12--01018--001 **30.00

COVER LETTER

TO:	Registration Sec Division of Corp	ction porations	;		
SUBJE	CT:	Hot Whe	ted Liability Company	,666	
The end	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please	eturn all correspon	ndence concerning this matter	to the following:		
			Name of Person		
			Firm/Company		
			200 West Are Address	#529 TALLA	7012 H
			Address Add	HASSEE, F	
		E-mail address: (i	to be used for future annual report notific	ation)	
For fur	her information co	oncerning this matter, please c	eall:	Drif.	6
	Vhin / Name of	Person	at (<u>305</u> <u>80</u> <u>9</u> - 3 Area Code & Daytime	3755 Telephone Number	
Enclose	ed is a check for th	e following amount:			
3 25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is	

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

Hot Wheels	r lenfa/s, 20	! C
(Name of the Limited Liability)	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on	//6//Z and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the	designation "LLC" or the abbreviation
"L.L.C." Enter new principal offices address, if applicable:		ZBIZ JUL SECKET TALLLAHA
(Principal office address MUST BE A STREET ADDR)	ESS)	
		SS a r
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	····	©
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mahager *

MGRM = Managing Member

<u>Title</u> <u>Name</u> **Address Type of Action** MGR Yanik Nino 1200 West Ave #924 Add MER Yhix J. Niño MBRM Yanila Nino 1200 west Ar #924 1979mi Beach, Pr. 33139 MGRM Yhn J. Nino 91155 treet #203 WAdd Marin: 12each, 12. 33/39 Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00