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COVER LETTER

Divi	ision of Corpo	rations		
SUBJECT:	University	Car Events LLC		
SOBJECT.		Name of Limit	ed Liability Company	
The enclosed	Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return	all correspond	ence concerning this matter to	the following:	
		Cesar Alayon		·
			Name of Person	
			Firm/Company	
		27834 Breakers Drive	•	
			Address	
		Wesley Chapel FL 33	544	
			City/State and Zip Code	
		ccar114@yahoo.com	1. 18 6.	
			be used for future annual report no	incation)
For further in	formation con	cerning this matter, please cal	l.	
Cesar Ala	yon		813 408-978	7
	Name of Po	erson	Area Code Daytir	ne Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25 00 Fi	ling 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)

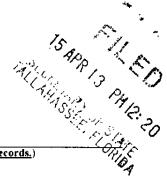
TO: Registration Section

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**



University Car Events LLC

(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 10/09/2012 and assigned
Florida document number L12000128494	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Ultimate Car Events LLC	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1412 W. Waters Ave Suite 103
(Principal office address MUST BE A STREET ADDRESS)	Tampa Florida 33604
Enter new mailing address, if applicable:	1412 W. Waters Ave Suite 103
(Mailing address MAY BE A POST OFFICE BOX)	Tampa FL 33604
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Manager's or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			Add
			□ Remove
			□ Add
			☐ Remove
		·	Remove
			□ Remove
			□ Add
	•		

If amending any other information, enter change(s) here: (Attach a	
Effective date, if other than the date of filing: (The effective date must be specific cannot be prior to date of receipt or filed date and of	(optional)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and c the date this document is filed by the Florida Department of State) Dated 4/8/2015	(optional) annot be more than 90 days after
4/0/2015	annot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00