Division of Corporations Electronic Filing Cover Sheet

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To:	OF REPORTED A	7: 3
,	Division of Corporations Fax Number : (850)617-6383	E
From:		
	Account Name : DEALER CONSULTING SERVICES, INC. Account Number : 120010000121	

Phone : (305)758-9001 Fax Number : (305)758-0506

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN —— ISLAND BOY MOTORS LLC.

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Corporate Filing Menu

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COVER LETTER

H1300253563

TO: Registration Section
Division of Corporations

ISLAND BOY MOTORS LLC.

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:

Diana Burgos

Name of Person

Dealer Consulting Services Inc

Firm/Company

7537 NW 7 Ave

Add:488

Miami, FL 33150

City/State and Zip Code

corporations@dcsmiami.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Burgos

305,758-9001

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)

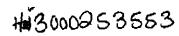
MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Taliahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahasses, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ISLAND BOY MOTORS LLC.		
(Name of the Limited Liability C. (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on 11/15/2012	and assigned
Fiorida document number L12000144583		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u>≯</u> €
(Principal office address MUST BE A STREET ADDRES		E S T
	<u></u>	SS -5
		man T
Enter new mailing address, if applicable:		- FO 22 -
(Mailing address MAY BE A POST OFFICE BOX)		_ 音 声
B. If amending the registered agent and/or registered agent and/or the new registered office addre		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		11
	Enter Florida street a	aaress
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	•	

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 = Ma MGRM = N	nager ⁄Ianaging Member	
Title	Name	Address Type of Action
MGR	Winsbut McFarlande Jr.	18571 SW 104TH AVE # 1D Add
		CUTLER BAY, FL 33157
MGR	Peter Cole Jr.	18571 SW 104TH AVE # 1D
	•	CUTLER BAY, FL 33157 Remove
		Add Remote
		Pro S
		Add
	,	
		Add
		Remov

	H13000253
D. If amending any other information	, enter change(s) here: (Attach additional sheets, if necessary.)
	
Dated November 14	
Jale-17th	
	re of a member or authorized representative of a member
Jomo O Akinrin	Typed or printed name of signee

Filing Fee: \$25.00

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