

L13000012558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Color Coded Car Buying, 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:

David Ballinger Jr.

Name of Person

Firm/Company

3125 N Washington Street, Unit #133

Address

Zellwood, FL 32798

City/State and Zip Code

MOTORCYCLES@USA.COM

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

For further information concerning this matter, please call:

David Ballinger Jr.

Name of Person

at (

321 961-3170

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

Color Coded Car Buying, 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 1/24/2013 and assigned
Florida document number L13000012558.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

3125 N Washington Street

Unit 133

Zellwood, FL 32798

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3125 N Washington Street

Unit 133

Zellwood, FL 32798

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:

David Ballinger Jr.

New Registered Office Address:

3125 N Washington Street, Unit # 133

Enter Florida street address

Zellwood

Florida

City

32798
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 Managers 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	David Ballinger Jr.	3125 N Washington Street	<input checked="" type="checkbox"/> Add
		Unit 133	<input type="checkbox"/> Remove
		Zellwood, FL 32798	
AMBR	Abbie K. Oakes	2295 S. Hiawassee Rd	<input checked="" type="checkbox"/> Add
		Suite 410	<input type="checkbox"/> Remove
		Orlando, FL 32835	
AMBR	Jerry Kuenzel	2295 S. Hiawassee Rd	<input checked="" type="checkbox"/> Add
		Suite 410	<input type="checkbox"/> Remove
		Orlando, FL 32835	
AMBR	Chuck Nemeh	2295 S. Hiawassee Rd	<input checked="" type="checkbox"/> Add
		Suite 410	<input type="checkbox"/> Remove
		Orlando, FL 32835	
AMBR	Carl Shakarian	2295 S. Hiawassee Rd	<input checked="" type="checkbox"/> Add
		Suite 410	<input type="checkbox"/> Remove
		Orlando, FL 32835	
AMBR	Jerry Robinson	2295 S. Hiawassee Rd	<input checked="" type="checkbox"/> Add
		Suite 410	<input type="checkbox"/> Remove
		Orlando, FL 32835	

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

SHARES:

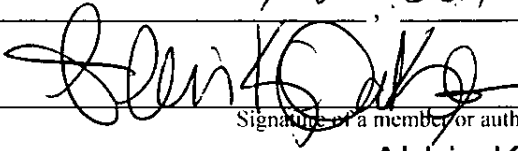
DAVID BALLINGER JR. (51%)
Abbie K. Oakes (41%) / Jerry Kuenzel (2%)
Chuck Nemeh (2%) / Carl Shakarian (2%)
Jerry Robinson (2%)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____

8/28, 2014



Signature of a member or authorized representative of a member

Abbie K Oakes

Typed or printed name of signee

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Filing Fee: \$25.00

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14 SEP -2 PM 6:58
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TALLAHASSEE, FLORIDA