LIBUCOO30127

| (Reque | estor's Name) | |
|------------------------------|----------------|-----------|
| (Addre | ss) | |
| (Addre | ss) | |
| (City/S | tate/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Busin | ess Entity Nam | e) |
| (Docur | ment Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fili | ng Officer: | |
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Office Use Only



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N. Guillean AUG 1 5 2013

COVER LETTER

| TO: | Registration Section Division of Corporations |
|----------------|--|
| SUBJ | ECT: ELECTRIC CITY WHEELS & GRINDS Name of Limited Liability Company |
| The ei | nclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please | e return all correspondence concerning this matter to the following: |
| | MARGARET K STERN Name of Person |
| | ELECTRIC CITY WHEELS & GRINDS Firm Company |
| | 94 JULIE LN Address |
| | MONTICELLO FL 32344 City/State and Zip Code |
| | E-mail address: (to be used for future animal report notification) |
| For fu | orther information concerning this matter, please call: |
| M | Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number |
| Enclo | osed is a check for the following amount: |
| ≱ 4 \$2 | 25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate of St |

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

FILED

ARTICLES OF ORGANIZATION 2013 AUG 14 PM 12: 02 OF

SECRETARY OF STATE 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 $\frac{2}{2}$ | 27/13 and assigned |
|--|-------------------------------------|---|
| Florida document number <u>1 13 0 0 0 0 3 0 1 2</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the li</u> | mited Hability company here: | |
| The new name must be distinguishable and end with the w | ords "Limited Liability Company," | the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADI | ORESS) | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | - | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ac | | records, <u>enter the name of the new</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter F | lorida street address |
| | 211. | Florida Zip Code |
| | 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 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 = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|---------------------|----------------|
| MGRM | IVAN KIRKPATRICK | MONTICFLLO, FL 3234 | Add |
| | | MONTICFLLO FL 3234 | 14 Remove |
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| _ | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|--|
| | EIN NUMBER 15: 46-2144601 |
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| | |
| Dated _ | 8/09/13 /AUGUSTU9. 2013 |
| | mayant KShi |
| | Signature of a member or authorized representative of a member |
| | MARGAMET K STERN Typed or printed name of signee |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00