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| (Requestor's Name |) |
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2014 JUL 7 PKI2: 15

K.SALY EXAMINER JUL 16 2014

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: EXOTIC Auto Wholesalers 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: |
| Dana J Calandra Name of Person |
| OE Holdings Inc. |
| 2815 Directors Row Ste. 100 |
| Orlando FL 32809 City/State and Zip Code |
| dcalandra@oeoartsourcing.com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Dana J Calandra at (407) 601-7951 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$ 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



R#1 - 11 110

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2014

DANA CALANDRA PVP HOLDINGS, INC. 2815 DIRECTORS ROW, STE 100 ORLANDO, FL 32809

SUBJECT: EXOTIC AUTO WHOLESALERS LLC

Ref. Number: L13000114116

We have received your document for EXOTIC AUTO WHOLESALERS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application. Please complete the attached form for a limited liability company amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 014A00012546

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FIL | ED |
|--------------|--------|
| 2014 JUL -7 | Die. |
| TALLAHASSEE. | FSTATE |

| Exotic Auto | Nhole Liability Compan Florida Limited Li | Solers L y as it now appears on o ability Company) | LC FA | PM 12: 16 LI AHASSEE, FLORIDA |
|--|---|--|---------------------|-------------------------------|
| The Articles of Organization for this Limited Liab Florida document number L13000114 | oility Company v | were filed on 8. | 13-13 | and assigned |
| This amendment is submitted to amend the follow | /ing: | | | |
| A. If amending name, enter the new name of the | he limited liabil | lity company here: | | |
| The new name must be distinguishable and end with the wo | ords "Limited Liabil | lity Company," the design | nation "LLC" or th | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | ole: | 2815 D | rectors | 5 ROW |
| (Principal office address MUST BE A STREET | ADDRESS) | Ste . I | | |
| | | Orlando | FL 32 | 2809 |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u>0X)</u> | " 5am | <u>."</u> | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | ; | | er the name of the new |
| Name of New Registered Agent: | |) | ilandr | <u>q</u> |
| New Registered Office Address: | 2815 D | Ircctors K Enter Florida sti | - V - V | te. 100 |
| | <u>Orlar</u> | City | , Florida | 32809 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.

enstered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager AMBR = Authorized Member <u>Title</u> **Name** <u>Address</u> Type of Action MGR George Demakos President 2815 Directors Row Ste. 100 ☐ Remove Orlando FL 32809 □ Add ☐ Remove □ Add □ Remove □ Add ☐ Remove _ Add ☐ Remove

. 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:

| ii amending | any other informatio | n, enter change(s) here: | : (Attach additional sheets | , if necessary.) |
|--------------------|--|-------------------------------------|---------------------------------|--------------------------------------|
| | | | • | |
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| | | • | | |
| (The effective dat | e, if other than the da e must be specific, cannot b cument is filed by the Florid | be prior to date of receipt or file | ed date and cannot be more than | _ (optional) 90 days after |
| 1. | ine 24 | 2017 | | |
| Dated JU | 110 21 | , <u>,</u> | ~1 . | |
| Dated _ JU | | 1 hill | 1 | |
| Dated U | | gnature of apply | zed esentative of a member | , |

Page 3 of 3

Filing Fee: \$25.00