L13000177/34

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2014 JAN 29 AM 10: 45
SECRETARY OF STATE

FEB -**3** 2013 **T. HAMPTON**

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Specilty Motor Sales L.L.C. |
| 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: |
| Jernifer Wills. |
| Jernifer Mills. Name of Person Specialty Motor Sales LLC Firm/Company |
| Address |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Jemifer Mills at 563 Area Code Daytime Telephone Number |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ 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 Breather Court City 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Comp (A Florida Limited | Noter Sciles | LLC ur records.) |
|---|-------------------------------|--|
| (A Florida Limited | Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L1300017713</u> 4 | y were filed on <u>)))</u> | -26-7013and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | bility company here: | |
| The new name must be distinguishable and end with the words "Limited Lia | billity Company," the design: | ation "LLC" or the abbreviation "L.L.C." |
| • | yp | |
| Enter new principal offices address, if applicable: | | 2014 SEC TALL |
| (Principal office address MUST BE A STREET ADDRESS) | | TILE CRETARY OF |
| | •••• | AN 29 |
| | | SEE S |
| Enter new mailing address, if applicable: | | F.F. ST. D |
| (Mailing address MAY BE A POST OFFICE BOX) | | 0RA F |
| • | | DA S |
| B. If amending the registered agent and/or registered or registered office address here. | office address on our re: | records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stre | eet 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 Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

| MGR = Manager AMBR Authorized Member | | | | |
|---|----------------|---|--------------------|--|
| Title | <u>Name</u> | Address | Type of Action | |
| AMENDER | Jennifee Mills | 1180 N DIRIE FreeWAY New Smyrna Brach FC 32168 | X Add | |
| | | | Remove | |
| | | | □ Add | |
| | | | Remove | |
| *************************************** | | | ☐ Add | |
| | | TALLAN | SECRETARY OF STATE | |
| *************************************** | | | 29 RES | |
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| | | | □ Remove | |
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| If amen | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-------------------------------------|---|
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| | |
| Effective (The effective the date t | e date, if other than the date of filing: |
| Dated | 1-27-2014 |
| | Committee MUST |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member Jennifer Mills. |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

2014 JAN 29 AM 10: 45
SECRETARY OF STATE
ANASSEE, FLORIDA