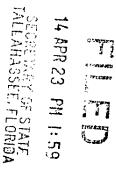


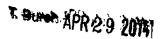
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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04/23/14--01004--010 **25.00





COVER LETTER

TO: Registration Section
Division of Corporations

Sign Then Drive 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:

Holly Nepote

Name of Person

Sign Then Drive Motors, LLC

Firm/Company

2303 North US HWY 1 Suite 15

Address

Fort Pierce, FL 34946

City/State and Zip Code

ho.bo@knology.net

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

For further information concerning this matter, please call:

Holly Nepote

...727、3654545

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 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

Sign Then Drive Motors, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L1400059335 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	were filed on 4/10/14	and assigned
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the	abhreviation."L.L.C."
Enter new principal offices address, if applicable:	2303 North US Highway 1 Su	uite_15 📇 🗀 🗀
(Principal office address MUST BE A STREET ADDRESS)	Fort Pierce, FL 34946	N CHANGE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		B PH 1:50 SEELFLORIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			☐ Remove
			TALLARE ARE
			SSE Remove
			STATE Add
			☐ Remove
			
			Remove
			□ Remove

	tion, enter change(s) here: (Attach a	udditional sheets, if necessary.)
1		

fective date, if other than the	date of filing:	(optional)
e effective date must be specific, cannot e date this document is filed by the Flo	ot be prior to date of receipt or filed date and corida Department of State)	cannot be more than 90 days after
ated April 20	2014	
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$\mathcal{A}_{\mathcal{C}}$	April O Moto	
	Signature of a member or authorized represe	entative of a member
Holly Nepote	,	
	Typed or printed name of sig	gnee
		SELECTION OF THE PROPERTY OF T

Page 3 of 3

Filing Fee: \$25.00