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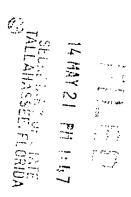
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COVER LETTER

TO: Registration Section
Division of Corporations

Fine Line Motorsports Towing, 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:

Carlos Tobar
Name of Person
Firm/Company
16960 South Dixie Highway
Address
Miami, FL 33157
City/State and Zip Code
marlene@finelinecollisioncenter.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlene Hervis

___305\232-8533

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

Fine Line Motorsports Towin		
(Name of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, entere address here:	the name of the ne
Name of New Registered Agent:		25 1 1
New Registered Office Address:	Enter Florida street address	₩ ₩ ₩ ₩
	Enter rioriaa street aaaress . Florida	THE TOTAL CONTRACTOR
-	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	7)A

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ENEIDA TOBAR	16960 SOUTH DIXIE HIGH\	VAY ■ Add
		MIAMI, FL 33157	Remove
			Remove
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			□ Remove
			Add
			Remove SLUA HAY 2
			Add O Add Rēmove
			
			□ Add

	
ective date, if other than the date of filing: (op effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 day date this document is filed by the Florida Department of State)	otional) ys after
MAY 16 , 2014	
Signature of a member or authorized representative of a member	
CARLOS TOBAR Typed or printed name of signer	

Page 3 of 3

Filing Fee: \$25.00

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