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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

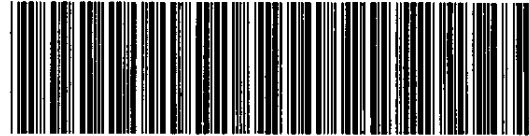
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEBASTIAN COUNTY CLERK
TALLAHASSEE, FLORIDA

J. Stivers MAY 29 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 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

Name of Person

at (305) 232-8533

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

Page 1 of 3

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:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------|---------------------------|---|
| MGR | ENEIDA TOBAR | 16960 SOUTH DIXIE HIGHWAY | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33157 | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
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14 MAY 2 1991
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 SEBASTIAN J. JANE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 16, 2014

Signature of a member or authorized representative of a member

CARLOS TOBAR

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA