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October 8, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

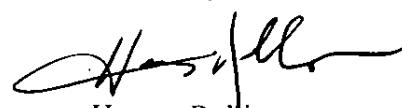
**RE: Papasfiretrucks, LLC; Document No. L14000148089
Our File No. 36657**

Dear Madam/Sir:

Please find enclosed an original and one (1) copy of the Articles of Amendment being filed regarding the above filing. We have also enclosed a check made payable to the Department of State in the amount of \$25.00 for the applicable filing fee.

If you should have any questions, do not hesitate to contact me.

Yours truly,



Harvey Rollings

HR/dp
Enc.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Papasfiretrucks, 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:

Harvey Rollings

Name of Person

Jones, Haber & Rollings

Firm/Company

1633 SE 47th Terrace

Address

Cape Coral

City/State and Zip Code

Rollings@joneshaberlaw.com

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

For further information concerning this matter, please call:

Harvey Rollings

Name of Person

239 542-0700

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

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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

Papasfiretrucks, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 16, 2014 and assigned Florida document number L14000148089.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

18130 Parkridge Circle

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Fort Myers, FL 33908

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

18130 Parkridge Circle

Enter Florida street address

Fort Myers

, Florida 33908

City

14 OCT 19 AM
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TALLAHASSEE, FLA.
Zip Code U:56
FBI
GRI

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

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 10-2, 14

Signature of a member or authorized representative of a member

David Stonitsch

Typed or printed name of signee

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