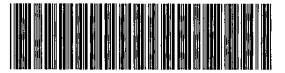
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COVER LETTER

TO:

Registration Section Division of Corporations

RPM Vehicle Equity Group, 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:

Bruce Singer

Name of Person

RPM Vehicle Equity Group, LLC

Firm/Company

10 Inlet Cay Drive

Address

Ocean Ridge, FL 33435

City/State and Zip Code

manglade@clacorp.com

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

For further information concerning this matter, please call:

L. Mikki Anglade

 $_{\rm at}$ //0

552-9840

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

RPIVI Venicle Equity Group, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L14000170239</u> .	ere filed on November 3, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
RPM Vehicle Equity Group of FL, LLC		
The new name must be distinguishable and end with the words "Limited Liability	y 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
		Side Side Side Side Side Side Side Side
	, Florida	CZip Car
	City	— ∪Zip Œ e
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office acceptance has been notified in writing of this change.	rformance of my duties, and I am wided for in Chapter 605, F.S. Or,	familiar with and if this document is

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Remove
			Add
			Remove
			Add
			□ Remove
			Add
			SECURETARY TALLAHASSE
			DRION CREMOVE
			Add
			□ Remove

. If amending any other information, ei	nter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of (The effective date must be specific, cannot be printed the date this document is filed by the Florida De	f filing: (optional) or to date of receipt or filed date and cannot be more than 90 days after partment of State)
Dated November 7	, <u>201</u> 4
Dated	,
Signatu	re of a member or authorized representative of a member
Bruce Singer	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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