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(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:		stration Secsion of Corp						
CUDIE		JEEPS GON	NE WILD, LLC					
Name of Limited Liability Company								
The enc	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn	all correspoi	ndence concerning this matter	to the following:				
			Laura Frederick					
			•	Name of Person			-	
				Firm/Company			-	
	8057 Severn Drive, Apt. D							
				Address			-	
			Boca Raton, FL 33433					
City/State and Zip Code					-			
			lauraf89@gmail.com					
For furt	her in	formation co	E-mail address: (oncerning this matter, please co	to be used for future ann	ual report notif	ication)		
Lauraf8	89@gr	nail.com		954 at ()	309-1464			
rl.		Name of		Area Code	Daytime	Telephone Numbe		7
			e following amount:			ריז	是 29	
\$25	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing For Certified Copy (additional copy is	•	Certifie	ate of Status & PGopy :> PGopy 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

JEEPS GONE WILD, LLC		
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on 12/08/2014	and assigned
Florida document number L14000187570	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
Offroad Everything, LLC		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET)		
Principal Villet and Old 1910 DE 11 51 MEDEL 1	IDDREISS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		n
B. If amending the registered agent and/or	registered office address on our records,	enter the mame of the nev
registered agent and/or the new registered offic		>> -
		EIAR HASS
Name of New Registered Agent:		SEX Y
	The first Affile and the second secon	7 7
New Registered Office Address:	6 - 21 - 11	
	Enter Florida street address	2: 25 RRID:
	, Flori	.
	City	7 in 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 Authorized Person(s) authorized to manage, $\underline{\text{enter the title, name, and address of each person}}$ being added $\underline{\text{or removed from our records}}$:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Remove
			Change
			□ Add
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			FINAL PROPERTY.	- 2	
Sontino data is athem them the	dete efficien		高 (optional)	25	
an effective date is listed, the date mu	e date of filing: st be specific and cannot be prior to date lock does not meet the applicable so Department of State's records.	of filing or more than 90 d	lays after filing.)		
e record specifies a delaye The 90th day after the rec	d effective date, but not an cord is filed.	effective time, at 1	2:01 a.m. c	n the e	arlier
ated February 22	, 2016				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00