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T. HAMPTON

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC		LD AIR SUSPENSION & INN	IOVATIONS, LLC	
BOBJEC		Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspoi	ndence concerning this matter	to the following:	
		MAYKEL CABRERA		
			Name of Person	
		BACKYARD AIR SUSPE	ENSION & INNOVATIONS, LLC	
			Firm/Company	
		401 NW 52ND COURT		
			Address	
		FORT LAUDERDALE, F	LORIDA 33309	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		BACKYARD.AIR.SUSPE	-	
		E-mail address: (1	to be used for future annual report notifi	cation)
For furthe	r information co	oncerning this matter, please ca	all:	
MAYKE	L CABRERA		954 214-4906	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
	0 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

BACKYARD AIR SUSPENSION	·	
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited I Florida document number L15000068562	Liability Company were filed on AP	RIL 20, 2015 and assigned
Γhis amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or the abbreviation #L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	2
Enter new mailing address, if applicable:		FF STAFE
Mailing address MAY BE A POST OFFICE	<u></u>	y-
3. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		our records, enter the name of the nev
	401 NW 52ND COURT	
New Registered Office Address:		ida street address
	FORT LAUDERDALE	Florida ³³³⁰⁹

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.

City

If manging Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager · AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action AMBR** RACIEL E. MASTRAPA _ 🗖 Add 401 NW 52 nd Court Fort Lauderdale, FL 33309 Remove ☐ Change 401 NW 52nd Court DIANA C. MASTRAPA **AMBR** Fort Louderdale, FL 33309 □ Add ■ Remove ☐ Change <u>ে □ ₹d</u>dd _□ Remove Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove

☐ Change

Effective date, if other than the date of filing: IMMEDIATELY (optional) In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The 90th day after the record is filed. Signature of a member or authorized representative of a member MAYKEL CABRERA, AMBR Typed or printed name of signee	· umon	ding any other information, enter change(s) here: (Attach additional	is inceres, if necessary,	
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Filing Fee: \$25.00