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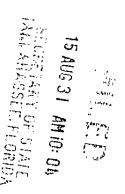
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SEP 02 2015 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cash For Power sports, 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:
Rusty Uhland Name of Person
Firm/Company
543 Ray Edwards Road Address
St. Augustine, FL 32086 City/State and Zip/Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ \text{\$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

(Name of the Limited Liability Com	sports LLC party as it now aphears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparing Florida document number <u>L/500089/5/</u> .	ny were filed on $05/19/20$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	bility company bere:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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 registered agent and/or the new registered office address he		er the name of the new
Name of New Registered Agent:		<u>ි</u>
New Registered Office Address:	Enter March and add	
	Enter Florida street address	10. C
	City, Florida	Zip 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Caitriona Prestage	38 Great Street	DAdd
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. D. If amending any other	r information, enter	change(s) here: (Attach additional sheet	s, if necessary.)	
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E. Effective date, if other (If an effective date is listed, Note: If the date inserte document's effective date	the date must be specific and in this block does not	nd cannot be prior to d meet the applicable	ate of filing or more than 90 statutory filing requirem	(optional) days after filing.) Purs ents, this date will n	uant to 605.0207 (3) not be listed as the
If the record specifies (b) The 90th day after	delayed effective the record is filed	date, but not and	n effective time, at 1	12:01 a.m. on th	he earlier of:
Dated	//			2 I	
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- fine	Signature of	a member or authorize	d representative of a membe	if)	
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1.001	- John Willot	Typed or printed na		-/ yr e.s	,

Page 3 of 3

Filing Fee: \$25.00