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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CRS MOTOR WORKS LL C 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:	
Michael Robbins Name of Person	
Name of Person	
CRS MOTURWORKS LLC Firm/Company	
11132 Summer Star Dr. Address	
Riverview FL 33579	
City/State and Zip Code Followins 123 @ amail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michael Robbins at (813) 528-1933 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)	atus &

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

CRSMOTOR	WORKS LLG	
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on	and assigned
Florida document numberL16000 20] [672	· ·
This amendment is submitted to amend the following	g :	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		S
D. I.C. N. A.		man w
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, gooddress here:	enter the name of the nev
		1 1 1 1 1 1 1 1 1 1
Name of New Registered Agent:		> 60
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	Citv	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	f each person	being ad	ded
or removed from our records:						

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michael Robbins	11132 Summer Star Dr.	Add
		11132 Summer Star Dr. Rivervicou FL. 33579	Remove
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record specifies he 90th day afte	a delayed effecter the record is	ctive date, b i filed.	out not an e	ffective time	e, at 12:01 a	i.m. on the	e earlier
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	Signati	are of a member	or authorized r	presentative of a	member		 -
	•		or printed name				

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Filing Fee: \$25.00