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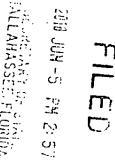
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## COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	Mears Coac	h Sales, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please return	all correspo	ndence concerning this matter	to the following:	
		John W. Castle		
		<del></del>	Name of Person	
		Mears Coach Sales, LLC		
			Firm/Company	
		324 W Gore Street		
			Address	<del></del>
		Orlando, FL 32806		
			City/State and Zip Code	
		jcastle@mears.com	to be used for future annual report notif	Vantion)
For further in	nformation co	oncerning this matter, please co		(Carlott)
John W. Cas	stle		407 422-4561	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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

Mears Coach Sales, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 23, 2018 and assigned Florida document number <u>L18000073865</u> This amendment is submitted to amend the following: 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" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CEO/S	Charles E. Carns, Jr.	324 W Gore Street, Orlando, FL 32	□ Add
			□ Remove
			Change
P/CFO/T	John W. Castle	324 W Gore Street, Orlando, FL 32	<b>≅</b> Add
			Remove
			Change
AMBR	Trey White	324 W Gore Street, Orlando, FL 32	<b>≅</b> Add
			Remove
		, <del></del>	Change
EVP	Daniel W. Ford	324 W Gore Street, Orlando, FL 32	■ Add
			Remove
		<del></del>	Change
<u>VP</u>	Charles Springer	324 W Gore Street, Orlando, FL 32	Add
		<del></del>	Remove
		<del>.</del>	Change
	Charles Springer		<b>⊑</b> Adđ
			Remove
			□ Change

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record specifies a c	delayed effective date, but not	an effective time, at 2	12:01 a.m. on the earlier o
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(M, I)	Little		
17/16/10	ガがしノ	rized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00