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COVER LETTÉR

Division of Corporations	
SUBJECT: AMC Nuce 1) re and Brake 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:	
Shelisia Jenkins Name of Person	,
Machica Time & BRAKO CICE	
1500 US Hory 441	
Alva Chi va FC 32 (15) City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Shelisia (enkon) at (352) 871.3759 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu	
MAILING ADDRESS: STREET/COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alachun -	TIR & -	Rioke	LC
(Name of the Limite	d Liability Company as it A Florida Limited Liability	now appears on our recor Company)	<u>ds.</u>)
The Articles of Organization for this Limited Lia Florida document number	bility Company were f	iled on June	2, 709 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability co	mpany here:	
			1.7
The new name must be distinguishable and contain the wo	rds "Limited Liability Com	pany," the designation "LL	C" or the abbreviation "L.L.C." \
Enter new principal offices address, if applica	ble:	<u> </u>	
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>	<u>.</u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered off		ddress on our record	ds, enter the name of the
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addr	ess
	Ci		Norida
	7,,	•	<i>i</i>

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 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 as or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00