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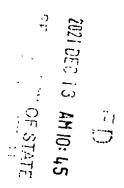
A. RIVERS
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COVER LETTER

TO: Registration Sec Division of Corp			
suвјест: <u>Cla</u>	SSIC Car Cu Name of Limit	LITUTE, LLC ed Liability Company	·
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	idence concerning this matter to	o the following:	
	Joshua M.	McClelland Name of Person	
	Classic. Car	Culture; LLC Firm/Company	<u>/</u>
	5208 White	Chicary Dr. Address	
	Apollo Bea	Ch, FL 33575 City/State and Zip Code	Հ
	Info@classic	COCCENTAICIUS be used for future annual report notifi	cation)
For further information co	ncerning this matter, please cal	11:	
Joshua M	McClelland	at (<u>813</u>) <u>638 –</u> Area Code Daytime	1434 Telephone Number
Enclosed is a check for the	following amount:	,	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Classic Car	- Culto	ure, LLC	
(Name of the Limited I.	iability Compan Iorida Limited Li	y as it now appears on ability Company)	our records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L21000484</u>		vere filed on <u>Nove</u>	mber 9,2421 and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liabil	ity company here:	
The new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)	·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>		
B. If amending the registered agent and/or regis		ldress on our record	ds, enter the name of the new registere
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:		5 5	
		Enter Florida st	
_		City	, Florida Zip Code
		•	ı

New Registered Agent's Signature, if changing Registered Agent:

4/4

4/4

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 familiae 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

<u>. . .</u> .

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>	Name	Address	Type of Action
MGR	Joshua Mclelland		□Add
		5208 White Chicory Dr. Apollo Beach, FL 3351	_ □Remove
AR	Kevin W. Cook	7129 Samuel Ivy Dr.	□Add
		Tampa, FL 33619	Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			_ Change
			_ 🗆 Add
			□Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
		<u> </u>	_ 🗆 Change

	This is being amended to
_	Change the title for
_	This is being amended to Change the title for Joshua McClelland, CED to MGR
	and to remove kevin W. Cook, AR from the LLC
_	
_	
_	
_	
lf an effec <u>Note:</u> It	e date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	December 8 . 2021 Signature of a member or authorized representative of a member
	Joshua McClelland Typed or printed name of signee