L22000309602

| | (Requestor's Name) |
|-------------------------|---------------------------|
| | |
| | (Address) |
| | |
| | (Address) |
| | (City/State/Zip/Phone #) |
| | (City/State/Zip/Prione #) |
| PICK-UP | WAIT MAIL |
| | |
| | (Business Entity Name) |
| | |
| -, , - | (Document Number) |
| | |
| Certified Copies | Certificates of Status |
| | |
| Special Instructions to | o Filing Officer: |
| | J. HORNE |
| | J. HORNE SEP 1 2 2022 |
| | SEP 12 2022 |
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| | Office Use Only |



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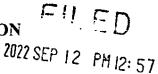
COVER LETTER

| TO: Registration Sec Division of Corp | | and the same of th | S. F. |
|--|--|--|--|
| TEDDY MO | ORSE'S DAYTONA HARLEY | | |
| SUBJECT: | Name of Limi | ited Liability Company | <u> </u> |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | JESSICA ALTAMIRANO | | |
| | | Name of Person | |
| | MORSE OPERATIONS IN | NC | |
| | | Firm/Company | |
| | 2850 S FEDERAL HIGHV | VAY | |
| | | Address | |
| | DELRAY BEACH FL 334 | 83 | |
| | | City/State and Zip Code | |
| | JESSICAALTAMIRANO@ | EDMORSE.COM to be used for future annual report noti | (ication) |
| For further information co | oncerning this matter, please ca | · | , |
| DENNIS MACINNES | | 561 455-1111 at () | |
| Name of | Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| ■ \$25.00 Filing 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 | | Street Address: | aki am |
| Registration S Division of C | | Registration Se Division of Cor | |
| P.O. Box 632 | | The Centre of T | |

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



OF

TEDDY MORSE'S DAYTONA HARLEY-DAVIDSON LLC

SECRETARY OF 3000 (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 Compan Florida document number L22000309602 | y were filed on <u>7/12/2022</u> | and assigned |
|--|--|--------------------------------|
| 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: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | 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 office agent and/or the new registered office address here: | e address on our records, <u>enter</u> | the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addres | 55 |
| | | orida |
| | City | 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 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 |
|--------------|----------------------|-------------------------|----------------|
| MGR | MORSE OPERATIONS INC | 2850. S FEDERAL HIGHWAY | ≅ Add |
| | | DELRAY BEACH, FL 33483 | □Remove |
| | | | □Change |
| MGR | TJM III LLC | 2850 S FEDERAL HIGHWAY | ■Add |
| | | DELRAY BEACH, FL 33483 | □Remove |
| | | | □Change |
| CEO | EDWARD J MORSE III | 2850 S FEDERAL HIGHWAY | □ Add |
| | | DELRAY BEACH, FL 33483 | ■ Remove |
| | | | Change |
| coo | RANDY HOFFMAN | 2850 S FEDERAL HIGHWAY | □Add |
| | | DELRAY BEACH, FL 33483 | ■Remove |
| | | | □Change |
| PRES | CARMELLO COLELLA | 2850 S FEDERAL HIGHWAY | |
| | | DELRAY BEACH, FL 33483 | ■Remove |
| | | <u> </u> | □ Change |
| CFO | DENNIS MACINNES | 2850 S FEDERAL HIGHWAY | |
| | | DELRAY BEACH, FL 33483 | = Remove |

| <u></u> | | | | |
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| ective date, if other than the d | ate of filing: | | (optional) | |
| reffective date is listed, the date must tee. If the date inserted in this bloom | be specific and cannot be prior | to date of filing or more than | 190 days after filing.) Pursuant to |) 605.0207 Historias |
| rument's effective date on the Dep | | | rememo, ma date with hot be | Timed a. |
| | | | | |
| cord specifies a delayed effective | date, but not an effective ti | me, at 12:01 a.m. on the | earlier of: (b) The 90th day | after the |
| s filed. | | | | |
| | 2022 | | | |
| Cantambar 0 | | | | |
| ed September 9 | | _ ' | | |
| September 9 | | · | | |
| | M | orized representative of a pu | mber | _ |
| ed | M | orized representative of a me | ember | _ |