117000123614

(Re	equestor's Name)	
(Ac	ddress)	
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COVER LETTER

	ation Section n of Corporations
NA	STURALLE FOODS, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.
Please return ali o	correspondence concerning this matter to the following:
	JOSE DALTON ROSSINI FURTADO
	Name of Person
	Firm/Company
	1202 W. CENTRAL BLVD UNIT I
	Address
	ORLANDO, FL 32805
	City/State and Zip Code contact@minibarcare.com
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
JOSE DALTON	ROSSINI FURTADO 407 585-9596 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:
□ \$25,00 Filing	Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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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

NATURALLE FOODS, LLC				_
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records. Limited Liability Company))		
The Articles of Organization for this Limited Liability C Florida document number <u>L17000123614</u>	Company were filed on		and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here:	,	20	
STOCK CAR MOTORS, LLC		<u> </u>	1483	trate page
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abb	reviation 1	"L.Ē.C."
Enter new principal offices address, if applicable:		in:5	<u>رن</u>	
(Principal office address MUST BE A STREET ADDR	RESS)		<u> </u>	
		= = :	_= _	
		7.	S	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records lress here:	, enter t	he na	me of the n
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addres:			
	, Flo	rida		
	City		Zip C	ode

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:

anager uthorized Member		
Name	Address	Type of Action
		Add
	<u></u>	☐ Remove
		Change
		□ Add
		Remove
		□ Remove
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		☐ Remove
	uthorized Member	Name Address

STOCK CAR MOT	ORS, LLC IS GOI	ING TO PROVIDE	VEHICLE DEALER	AND SEVICES.	
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tive date, if other tl	nan the date of fi	iling:		(optiona	ıl)
ffective date is listed, the if the date inserted i	n this block does n	ot meet the applicab			
ment's effective date of	on the Department (of State's records.			
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Filing Fee: \$25.00