# L01000001382

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phone	e #)
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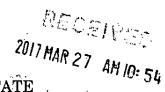


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SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE MAR 2 9 2017



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2017

EDWARD A GURRY, JR. 4583 CLARK RD SARASOTA, FL 34233

SUBJECT: AMERICAN CLASSIC MOTORCYCLE RENTALS, LLC

Ref. Number: L01000001382

We have received your document for AMERICAN CLASSIC MOTORCYCLE RENTALS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 417A00005

2017 MAR 28 P 12: 2u

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

FILED

#### **COVER LETTER**

		stration Secti sion of Corpo					
CUD IEC		American Cla	ssic Motorcycle Rentals, LL0	С		•	
SUBJEC	,1; <u> </u>		Name of Limi	ited Liability Company			
The enclo	osed	Articles of Ar	nendment and fee(s) are subt	mitted for filing.			
Please re	turn :	all correspond	ence concerning this matter t	to the following:			
			Edward A Gurry Jr.				
				Name of Person	• •		
			American Classic Motorcy	cle Rentals, LLC			
				Firm/Company			
			4582 Clark Rd				
	Address						
			Sarasota, Fl. 34233				
				City/State and Zip Code	•••		
			egurry@suzukiofsarasota.co			÷ .	
			E-mail address: (t	to be used for future annual report notification	on)	2017 SEC ALL	
For furth	er in	formation con	cerning this matter, please ca	all:		全路 要	1
Edward A	A Gu	ırry Jr		941 925-0376/ cell 94	1-685-1425	R 28	FILE
		Name of P	erson		ephone Number		ED
Enclosed	l is a	check for the	following amount:		, 5	2	
□ \$25.0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

American Classic Motorcycle Rentals, LLC			
( <u>Name of the Limited Liabl</u> (A Florid	<mark>lity Company as it now appears on our r</mark> da Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability	Company were filed on 1/26/2001	and assigned	
Florida document number L01000001382			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<del>`</del>	
(Principal office address MUST BE A STREET ADD	RESS)	SEC 31	
		AM AM	
		28 SSE	M. :
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	- <u>-</u>		∄s. ——.
		5 2 <u>2</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office ade		cords, enter the name of th	e ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street a	ddress	
	,	_, Florida	
	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 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
V	Vespa Francis	13260 N Branch Rd	Add
		Sarasota, Fl. 34240	■ Remove
			Change
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(If an effe Note: I	ve date, if other than the date the date is listed, the date must be aff the date inserted in this blockent's effective date on the Depart	specific and does not m	cannot be prior to eet the applica	o date of filing or ble statutory fili	more than 90 day	(optional) ys after filing.) Pu	rsuant to	605.0207 ( listed as t
	ord specifies a delayed e 90th day after the record		ate, but not	an effective	time, at 12	:01 a.m. on	the ea	rlier of:
Dated_	3/23	,	2017					
	Sig	nature of a m	nember of author	ed representativ	e of a member			-
					R			

Page 3 of 3

Filing Fee: \$25.00