## LOC 0000 89174

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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Co	rporations		
SUBJECT: ME		Intomotive L'4	<u> </u>
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MILITAEL S	Name of Person	<del>.</del>
	MEC Elemi	Ent Autoinotive	LLC
	13585 SUNS	et Lakes Circ	erson  Acinative LLC  pany  S CIRCLE  is  L 34787  Zip Code  Attor = Com  Irre annual report notification)  I 229 - 8717  Code Daytime Telephone Number  Iling Fee & Certificate of Status & Certified Copy  copy is enclosed)  Street Address:  Registration Section
	WINTER GAR	OEN FL 347	787
	Mild SHMLLE E-mail address: (1	Els @ /A+loo = Co to be used for future annual report notif	om ication)
For further information of	concerning this matter, please ca		
MicHAEL S	) /		- 8717
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fce	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addre Registration Division of (	Section		
P.O. Box 632	<del>-</del>	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(A Florida Limi	ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on	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 L	iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5655, East Co	Ionial Daine
(Principal office address MUST BE A STREET ADDRESS	orlando .	
	Florida 3	2807
Enter new mailing address, if applicable:	13585 Sunget Winter Grazi FLORIda 347	Lakes Circle
(Mailing address MAY BE A POST OFFICE BOX)	Winter CTar	OEN B
	FLORIda S47	787
B. If amending the registered agent and/or registered off		
agent and/or the new registered office address here:	ice address on our records, enter th	2
		5
Name of New Registered Agent:		
New Registered Office Address:		<del>)</del>
The Windshift of The Trade in t	Enter Florida street address	
	, Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, and as provided for in Chapter 605, F.	I I am familiar with and S. Or, if this document is
16.	Changing Degistered Lung Construe of	Now Degistered 4 cont
II v	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>	Address	Type of Action
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n effective date is li te: If the date in	other than the date sted, the date must be serted in this block the date on the Depart	specific and cannot lead ones not meet the	applicable statut	ling or more than 9 ory filing require	optiona (optiona) days after filir ments, this da	g.) Pursu	ant to 605.020 of be listed a
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ecord specifies a of stilled.	delayed effective da	te, but not an effe	ctive time, at 12:	01 a.m. on the ea	rlier of: (b)	The 90th	day after th
ted_06-	14-202 What 6	? /	·				
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Typed or printed name of signee