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(Re	questor's Name)	
(Ad	dress)	·····
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(Cit	ry/State/Zip/Phone	e #)
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L07-67236

10/19/15--01038--013 **30.00

Amend

OCT 20 2015 N. CAUSSEAUX

COVER LETTER

· Division of C	orporations		
ACT Mo	tors, LLC		
SOBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Alexis Pena		
		Name of Person	 ,
	ACT Motors, LLC		
		Firm/Company	
	15041 SW 49th Court		
		Address	
	Miramar, FL 33027		
		City/State and Zip Code	
	apena556@yahoo.com	to be used for future annual report notif	C(3)
For further information	concerning this matter, please ca	•	ication)
Alexis Pena		305 490-3271 at ()	
Name	of Person		Telephone Number
Enclosed is a check for	the 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:

TO:

Registration Section

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

ACT Motors, LLC (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 Company were filed on June 27, 2007 and assigned Florida document number _L07000067230 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 "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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
MGR	Alicia Pena	15041 SW 49th Court	
		Miramar, FL 33027	Remove
			☐ Change
MGR	Alexis Pena	15041 SW 49th Court	≅ Add
		Miramar, FL 33027	□ Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
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Effective date, if of	ther than the date	of filing: September	er 14, 2015	(0	ptional) after filing.) Pursuant to 6	
If an effective date is lis Note: If the date ins	ted, the date must be species, the date must be species.	ecific and cannot be pri-	or to date of filing o icable statutory fi	r more than 90 days : Ling requirements	after filing.) Pursuant to 6 this date will not be l	505.0201 isted as
	date on the Departm			g requirements,	this date will not be t	istea a
he record specifie	es a delayed effe	ctive date, but r	not an effective	e time, at 12:0	1 a.m. on the ear	rlier o
The 90th day a	ifter the record is	s filed.				

Dated September 14	·	, 2015	·			
/	1.)			
_ //	Mario :	ure of a member or aut	thorized representat			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00