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COVER LETTER

TO: Registration So Division of Con			z [*]
SUBJECT: ATC	MIC MoleRC4 of Lin	CLE TOWING + R	SCUB L.L.C
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Thomas	PIAIA Name of Person	
		Firm/Company	
	1414 SW	Supper Aus Address	
	Port Sxint	LUCIE FL 34	1953
	TPLAIAZ E-mail address: (City/State and Zip Code 178 AOL. Corto be used for future annual report notification.	rication)
For further information c	oncerning this matter, please co	all:	SECRETARY ALLAHASSEE
THOMAS P	41 A	at (754) 347 9 Area Code Daytime	AHAR AND
Enclosed is a check for the	1 F 6 1 5 0 11	Area Code Daytimo	Telephone Number D
\$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:

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

Dage 15 1 To 300 1/C

HTOMIC MOTORC	1018 10	wing & KESCUB	+ 100119 LLC
HTOMIC MOTORO (Name of the Limit	<u>ed Liability Compa</u> (A Florida Limited I	ny <u>as it now appears on our records.</u> Liability Company)	.) /
The Articles of Organization for this Limited Li Florida document number <u>LO70008</u>	ability Company		0
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	1414 SW SUDE PORT SAINT LUC	per tub
(Principal office address MUST BE A STREE	T ADDRESS)	PORT SAINT LUC	CIE FL 34953
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	B <i>OX</i>)	1414 SW SUD Poet Saint Luc	per Aue IE FL 34953
B. If amending the registered agent and/or registered agent and/or the new registered of	fice address here	2:	28 TALI
Name of New Registered Agent:	Thomas	PIAIA	ARE TAR
New Registered Office Address:	1414 SU	SUDDET AVE Enter Florida street address	新元 6 1
	Port SA	DIAIA SUDDET AVE Enter Florida street address INFLUCIE, Florida	rid R 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			□ Remove
			Change
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Filing Fee: \$25.00