

L11000063656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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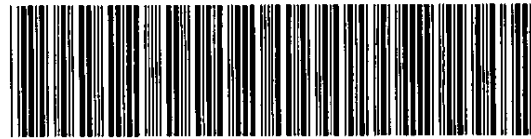
(Business Entity Name)

(Document Number)

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DIVISION OF SECRETARY OF TREASURY

O SIMMONS

OCT 05 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MotoR Werks LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elena Swiden
Name of Person

MotoR Werks LLC
Firm/Company

430 Sundoro Ct
Address

M-I, FL 32953
City/State and Zip Code

Kevin@motorwerksllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elena Swiden at (321) 693-0101 Cell
Name of Person Area Code Daytime 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:
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**

Motor Werks 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 5-31-2011 and assigned
Florida document number L11000063656

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)

1127 W King St
Cocoa, FL 32922

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1127 W King St
Cocoa, FL 32922

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:

Kevin Rude

New Registered Office Address:

1127 W King St

Enter Florida street address

Cocoa

City

, Florida

32922

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.

Kevin Rude

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>	<u>Type of Action</u>
MGR	Elena Swiden	1127 W King St Cocoa, FL 32922	☐ Add
			☒ Remove
			☐ Change
			☐ Add
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DIVISION OF CLERICAL SERVICES

DIVISION OF STATE POLICE
ALBANY, N.Y.

FILED
17 OCT -5 PM 3:18
DIVISION OF SOCIAL SERVICES

9-7-17

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

9-29-17

Kevin Rude
Signature of _____

Signature of a member or authorized representative of a member

Er. J. Sweet

KEVIN RUDE

Typed or printed name of signee

Elena A. Swiden