11000070822

(Req	uestor's Name)	
(Add	ress)	
(4.1.)		
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(,	,
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



500209467245

07/05/11--01007--017 **25.00



COVER LETTER

TO:	Registration Sectorial Division of Corp			
SHRJI	BYWAY MOTORS, LLC.			
5020		Name of Limit	ed Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		KOUROSH ATTARI		
			Name of Person	
BYV		WAY MOTORS, LLC		
			Firm/Company	
	5303 14TH ST. WEST SUIT B		В	
			Address	
		BR	ADENTON,FL, 34207	
			City/State and Zip Code	
		OFFICE	@BYWAYMOTORS.C	OM
		E-mail address: (t	o be used for future annual report	notification)
For fu	rther information co	ncerning this matter, please c	all:	
	KOUR	OSH ATTARI	at (_941_)	238-7315
	Name of		Area Code & D	aytime Telephone Number
Enclos	sed is a check for the	e following amount:		
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra	NG ADDRESS: tion Section of Corporations x 6327	Registration S Division of C Clifton Build	orporations ing
	Tallahas	see, FL 32314	2661 Executiv	ve Center Circle

Tallahassee, FL 32301

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

SECRETARY OF STATE

11 JUL -5 PM 3: 25

	BYWAY MOTORS, LLC.	•
(<u>Name of the Limite</u>	d Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Florida document numberL1100007	Liability Company were filed on _	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
The new name must be distinguishable and end w "L.L.C."	vith the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	*****
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address on office address here:	our records, enter the name of the nev
Name of New Registered Agent:	NO CHANGE	
New Registered Office Address:		Enter Florida street address
	•	
	City	, Florida
New Registered Agent's Signature, if changing	•	Zip Code
The August of Agent 5 Dignature, it thanging	rogatered Agent.	
hereby accept the appointment as register	red 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title <u>Name</u> <u>Address</u> **Type of Action** MGR DAVID LINDBOM 955 53RD St. EAST APT # 117 ✓ Add BRADENTON, FL. 34208 Remove Remove _ ☐ Add Remove ☐ Add Remove ∐Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NO CHANGE JULY,01 2011 Dated Signature of a member or authorized representative of a member KOUROSH-ATTARI Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00