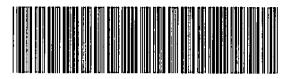
L110000078310

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2020 AUG 24 PM 2: 11
SECRETARY OF STATE



COVER LETTER

TO:

Registration Section

Division of Cor	•						
	la Motors, LLC						
	Name of Lun	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
	indence concerning this matter						
		no mo ma ma g.					
	Kenneth D. Parsons						
		Name of Person					
	West Florida Motors, LLC						
	Firm/Company						
	P O Box 36173						
		Address					
	Pensacola, FL 32516						
		City/State and Zip Code					
	wfinslle@aol.com	to be used for future annual report no	stification)				
For further information c	oncerning this matter, please c	·	,				
Kenneth D. Parsons		850 232-3671					
Name of Person		at () Area Code Dayti	me Telephone Number				
Enclosed is a check for the	he 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 Addres Registration S		Street Address: Registration S	ection				
Division of Corporations		Division of Corporations The Centre of Tallahassee					
P.O. Box 632 Tallahassee.			oe Street. Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

West Florida Motors, LLC

2020 AUG 24 PM 2: 11

(Name of the Limited Liability Company as it now appears on our recognition of CRETARY OF STATE (A Florida Limited Liability Company)

TALLARASSEE FL TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 07/07/2011 and assigned Florida document number L11000078310 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

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.

City

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
MGR	Robert J. Chelico	1100 N° · Blue Angel Pkwy., Pensacola, FL 32506	= Add
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Effective date, if other than t	ust be specific and c block does not me	annot be prior to d	ate of filing or more the statutory filing red	an 90 days after filii uirements, this da	ig.) Pursuant to 605.0207 (te will not be listed as t
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Note: If the date inserted in this document's effective date on the e record specifies a delayed effected is filed. Dated August 20	Department of Stative date, but not a	ate's records. In effective time,			The 90th day after the