L11000/44593

(Red	questor's Name)			
(Add	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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12 JAN 17 PH 12: 12
SECRETARY OF STATE

COVER LETTER

TO:	Registration Sect Division of Corpo		G on M st M st	garanta da santa da Santa da santa da sa	
SUBJI	e ct .	JM&A N	MOTORS LLĈ		
			ted Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub	emitted for filing.		
Please	return all correspond	lence concerning this matter	to the following:		
		1	Rhodesia M Mitchell		
			Name of Person		
	JM&A MOTORS LLC				
			Firm/Company		
3580 REcker Highway Unit 26					
	Address				
		W	inter Haven FI 33880		
			City/State and Zip Code		
		je E-mail address: (t	ffm424@yahoo.com o be used for future annual report notifier	ation)	
For fur	ther information con	cerning this matter, please co	-	•	
		f Mitchell	at (863) 2 Area Code & Daytime	79-9252	
	Name of P	erson	Area Code & Daytime	elepnone Number	
Enclose	ed 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

FILED

12 JAN 17 PM 12: 42 Motors LLC SECRETARY OF STATE ed Liability Company as it now appears on our records EE, FLORIDA (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ L11000144593 Florida document number 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 end with 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 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.

City

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Jeffery R Mitchell	5162 Deeson Pte Ct Lakeland Fl 33805	Add Remove
			Add Remove
**************************************			□ Damaya
· <u>············</u>			
			□ Damaya
D. If amend	ling any other information,	enter change(s) here: (Attach additional sh	- 4
			FILED 12 JAN 17 PM 2: 42 SECRETARY OF STATE ALLIAHASSEE, FLORIDA
Dated	January 13		<u> </u>
	Signature	of a member or authorized representative of a n	nember
		Jeffery R Mitchell Typed or printed name of signee	

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Filing Fee: \$25.00