112000157581

(Requestor's Name)
	Address)
((Address)
	City/State/Zip/Phone #)
	WAIT MAIL
((Business Entity Name)
((Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:		N MOTORS, LLC		
		Name of Limi	ited Liability Company	
•		Amendment and fcc(s) are submodence concerning this matter	•	2
		CHRISTOPHER MINOR		
	Name of Person SUNDOWN MOTORS, LLC Firm/Company			
		SUNDOWN MOTORS, LI	LC	
	'∿		Firm/Company	
	· · .	901 SE 5TH TERRACE		
			Address	
	r.	POMPANO BEACH, FL	33060	
			City/State and Zip Code	
		CMINOR4@GMAIL.COM	to be used for future annual report notif	(ication)
For further	iņ" mation c	oncerning this matter, please co		
CHRISTO	PHER MINO	R	704 965-2331 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

SUNDOWN MOTORS, LLC					
(<u>Name of the Limited Liabil</u> (A Florid	ility Company a ida Limited Liabi	s it now appears on o	our records.		
The Articles of Organization for this Limited Liability	Company we	re filed on 04/03/20	017	and ass	igned
Florida document number L12000157581	'				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liability	company here:			
SUNDOWN AVIATION AND MARINE, LLC					
The new name must be distinguishable and contain the words "Lin	imited Liability (Company," the design	ation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	_				
(Principal office address MUST BE A STREET ADD	DRESS)				
	_		<u></u>		
Enter new mailing address, if applicable:	_				
(Mailing address MAY BE A POST OFFICE BOX)	-				
	_				
B. If amending the registered agent and/or regi	ristand office	address on ou	· rocords onto	ur tha nama	of the now
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		e address on our	r records, eme	t the name	of the new
Name of New Registered Agent:					<u> </u>
-		•		XX XX XX XX XX XX XX X	# ;
New Registered Office Address:		Enter Florida s	treet address	- ∺====================================	Estratus Estratura
		City	, Florida _	Zip Code	
New Registered Agent's Signature, if changing Register	red Agent:			ALL	

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 = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			
			Add
			□ Remove
			Change
 		-	Add
			☐ Remove
			Change
·			Add
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				STATE		
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			 			_

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Typed or printed name of signee

Filing Fee: \$25.00