

L13 0000 71636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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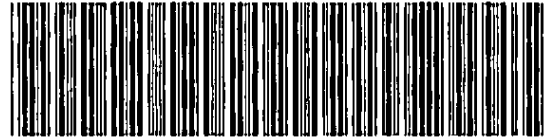
(Business Entity Name)

(Document Number)

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2020 MAY 21 PM 5:36
FALL RIVER, MA
FALL RIVER, MA

05/21/20--01002--025 **25.00

AM
6/11/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIDWEST MOTORCYCLE RENTAL & TOURS, 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:

EDWARD KASTRUI

Name of Person

MIDWEST MOTORCYCLE RENTAL & TOURS, LLC

Firm/Company

444 N BEACH ST.

Address

DAYTONA BEACH FL 32114

City/State and Zip Code

INFO@MIDWESTMOTORCYCLE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINE FOURMAN at 386 257-6265
Name of Person Area Code Daytime Telephone Number

The enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

MIDWEST MOTORCYCLE RENTAL & TOURS, LLC

2020 MAY 21 PM 5: 36

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/16/2013 and assigned
Florida document number L13000071636.

This amendment is submitted to amend the following:

1. 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)

2. 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:

EDWARD I KASTRUL

New Registered Office Address:

444 N BEACH ST

Enter Florida street address

DAYTONA BEACH

Florida 32114

City

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.



If Changing Registered Agent, Signature of New Registered Agent

Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
REGISTRAR	DANIEL B. JOHNSON	2543 SOUTH PENINSULA DRIVE	<input type="checkbox"/> Add
		DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MANAGER	CHRISTINE R. FOURMAN	61 SEACREST DRIVE	<input checked="" type="checkbox"/> Add
		ORMOND BEACH FL 32176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE EDWARD KASTRUL FROM MANAGER TO REGISTERED AGENT.

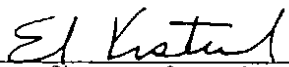
Effective date, if other than the date of filing: 04/23/2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.

Dated MAY 19, 20.



Signature of a member or authorized representative of a member

EDWARD I. KASTRUL

Typed or printed name of signee