## 1300105788

Office Use Only



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## **COVER LETTER**

	tion Section of Corporations
	Motors LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return ail c	orrespondence concerning this matter to the following:
	David Cruz
	Name of Person
	DC Accounting Services PA
	Firm/Company
	24156 State Rd 54 Suite 1
	Address
	Lutz FL 33559
	City/State and Zip Code
	dcruz@dcaccountingpa.com  E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
David Cruz	813 345-8503 at ( )
	Name of Person at ()  Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:
■ \$25,00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  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

Mel Motors LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) apany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L13000105788	on 07/26/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	anv here:
The new name must be distinguishable and contain the words "Limited Liability Company	v," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	0
(Principal office address MUST BE A STREET ADDRESS)	SECR.
	3
	<b>ا ر</b> دوه دوهه
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	<u> </u>
B. If amending the registered agent and/or registered office addr registered agent and/or the new registered office address here:	ess on our records, enter the name of the n
Name of New Registered Agent:	<del></del>
New Registered Office Address:	nter Florida street address
	. Florida
Cuy	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

'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>	<u>Address</u>	Type of Action
MGR	Melciades Jimenez	3037 Prestige Dr	<b>■</b> Add
		Clearwater FL 33759	□ Remove
			Change
			□ Remove
			□ Change
			□ Add
			Remove
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an effective date is listed of the contract of the date inser	ier than the date of filed, the date must be specificated in this block does not date on the Department of	and cannot be prior to of meet the applica	o date of filing or mor ble statutory filing	(option: e than 90 days after fili requirements, this da	ng.) Pursuant to 6	05.020 <sup>1</sup> sted as
e record specifies The 90th day aft	s a delayed effective ter the record is file	e date, but not ed.	an effective tir	ne, at 12:01 a.n	n. on the ear	lier o
August 7th		2018				
Dated	1002		rized representative o	t'a member		

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Filing Fee: \$25.00