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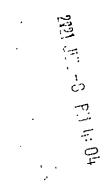
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
SUBJECT:		J MOTORS LL	
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		NEHAN JUSILAN Name of Person	
	<del></del>	Name of Person	
		Lty HotoRS L	lc
		Firm/Company	
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	6/8	Powers ALE #249	
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	<u> </u>	City/State and Zip Code	<u> </u>
	E-mail address: (	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
	T	610:	2208
NCHAI) Same o	f Person	at (964) 610. Area Code Daytime	e Telephone Number
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Enclosed is a check for th			
<b>፟</b> \$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:		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	•
Tallahassee, I			e Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L&J MO	TORS LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 13 000 14 23 35</u>	were filed on/ Ø/	04/3013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designati	on "FLC" or the abbreviation "LLC"
•	my Company, the designati	on the distribution 15,15.6.
Enter new principal offices address, if applicable:		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida stre	et address
		FloridaZip Code
·	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	LULIC DINO	6281 Duers AVE #249	□ Add
		JACIASUNVILLE FL 32017 (	Remove
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