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COVER LETTER

	Registration Sec Division of Corp		
CHID IEC		MOTORS ENTERPRISES, L	LC
SUBJEC	·1;	Name of Lim	ited Liability Company
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.
Please re	turn all correspor	ndence concerning this matter	to the following:
		JAMES E. NEELY	
			Name of Person
		REGENCY MOTORS EN	TERPRISES, LLC .
			Firm/Company
		103 N VOLUSIA AVENU	JE
			Address
		ORANGE CITY, FL 3276	53
			City/State and Zip Code
		F 1 41 /	The first and a stiffer time.
For furth	er information co	e-mail address: (oncerning this matter, please co	to be used for future annual report notification) all:
JAMES	E. NEELY		386 717-7500 at ()
Name of Person		Person	Area Code Daytime Telephone Number
Enclosed	l is a check for th	e following amount:	
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 issee, 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

REGRNCY MOTORS ENTERPR	•	n our records)	_			
(<u>indico, ne zim</u>	ted Liability Company as it now appears o (A Florida Limited Liability Company)	ii our records.				
The Articles of Organization for this Limited Liability Company were filed on MARCH 7, 2014 Florida document number L14000038915			and assigned			
This amendment is submitted to amend the foll						
A. If amending name, enter the new name o	f the limited liability company here	:				
The new name must be distinguishable and contain the v	wards "Limited Liability Company" the deci-	vention "II (" or the abbreviation				
Enter new principal offices address, if applic			 			
(Principal office address MUST BE A STREE	CT ADDRESS)		3 . 1			
		, S	\(\frac{1}{2}\)			
Enter new mailing address, if applicable:		1 (m)				
(Mailing address MAY BE A POST OFFICE	BOW.		Tarour Tarour			
Muuing uuuress MAI BE A FOST OFFICE		3 - C 1	<u> </u>			
B. If amending the registered agent and registered agent and/or the new registered of		ur records, enter the nam	e of the ne			
Name of New Registered Agent:	MICHAEL CLEMENS					
New Registered Office Address:						
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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

Page 1 of 3

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>	Name Address		Type of Action		
MGRM	MICHAEL CLEMENS	103 N VOLUSIA AVENUE	<u>≅</u> Add		
		ORANGE CITY, FL 32763	☐ Remove		
			Change		
			□ Remove		
			Change		
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		SEPTEMBE	R 19 2016					
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Filing Fee: \$25.00