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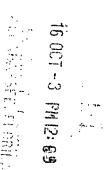
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COVER LETTER

TO:	Registration Se Division of Cor				
CHID ID	REGENCY	MOTORS ENTERPRISES, I	LLC		
SUBJECT: Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
		ndence concerning this matter			
		MICHAEL CLEMENS			
			Name of Person		
REGENCY MOTORS ENTERPRISES, LLC					
Firm/Company			Firm/Company		
103 N VOLUSIA AVENUE			JE		
Address					
ORANGE CITY, FL 32763					
			City/State and Zip Code		
		E-mail address: ((to be used for future annual report notification)		
For furth	ner information co	oncerning this matter, please of	ali:		
MICHA	EL CLEMENS		386 717-7500 at ()		
	Name of	Person	Area Code Daytime Telephone Number		
Enclosed	d is a check for th	ne following amount:			
\$ \$25.	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)		
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 ssee, 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

REGENCY MOTORS ENTERPRISES, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L14000038915	mpany were filed on MARCH 7, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		:
		5
		3 3
B. If amending the registered agent and/or registe	ered office address on our records,	enter the name of the r
registered agent and/or the new registered office addre		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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

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
MGRM	JAMES E. NEELY	103 N VOLUSIA AVENUE	□ Add
		ORANGE CITY, FL 32763	■ Remove
			☐ Change
			□ Add
			□ Remove
4		<u> </u>	Change
4			□ Add
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			☐ Change

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(If an e	SEPTEMBER 30, 2016 (optional) (fective date, if other than the date of filing:
docu	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d <u>SEPTEMBER 30</u> , <u>2016</u>
	Signature of a member or authorized representative of a member
	MICHAEL CLEMENS
	VICTALL CEDIVIDAS

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Filing Fee: \$25.00