

L14000120976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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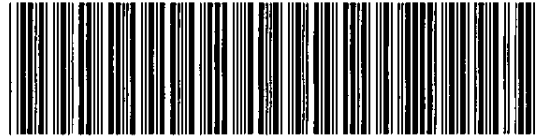
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*[Signature]* 9/30/14

**COVER LETTER**

TO: **Registration Section  
Division of Corporations**

SUBJECT: **LG AFFORDABLE MOTORS 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:

**GERALDY LIMAGE**

Name of Person

**LG AFFORDABLE MOTORS LLC**

Firm/Company

**4701 SW 45 ST**

Address

**DAVIE FL 33314**

City/State and Zip Code

**LIMAGE3@GMAIL.COM**

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

For further information concerning this matter, please call:

**954 8228490**

Name of Person

at

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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:**  
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

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# 2/ 5

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

**LG AFFORDABLE MOTORS, LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 08/01/2014 and assigned  
Florida document number L14000120976.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4701 SW 45TH ST DAVIE, FL 33314

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

5446 W ATLANTIC BLVD

(Mailing address MAY BE A POST OFFICE BOX)

MARGATE, FL 33063

**B. 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:

Guerline Pétion

New Registered Office Address:

4701 SW 45th St Bldg 9 bay 15  
Enter Florida street address

DAVIE

City

Florida

33314  
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>       | <u>Type of Action</u>                   |
|--------------|-----------------|----------------------|---|
| MGR          | GERALDY LIMAGE  | 5446 W ATLANTIC BLVD | <input checked="" type="checkbox"/> Add |
|              |                 | MARGATE, FL 33063    | <input type="checkbox"/> Remove         |
| MGR          | GUERLINE PETION | 5446 W ATLANTIC BLVD | <input checked="" type="checkbox"/> Add |
|              |                 | MARGATE, FL 33063    | <input type="checkbox"/> Remove         |
|              |                 |                      | <input type="checkbox"/> Add            |
|              |                 |                      | <input type="checkbox"/> Remove         |
|              |                 |                      | <input type="checkbox"/> Add            |
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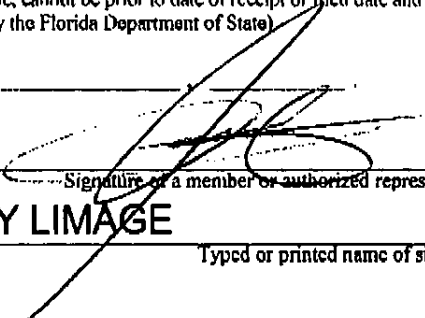
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I, GERALDY LIMAGE, THE MANAGER OF LG AFFOR  
DABLE MOTORS, LLC. I JUST WANT TO ADD MY NAME  
TO THE LLC.

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after  
the date this document is filed by the Florida Department of State)

Dated 09/21/2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

GERALDY LIMAGE

\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

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