

L14000121783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800289876698

09/12/16--01011--029 \*\*25.00

16 SEP 19  
TALLAHASSEE, FLORIDA  
STATE

9/13

MATHEWS & PIAZZA, P.A.

ATTORNEYS AT LAW

George W. Mathews  
Vincent J. Piazza  
-----

gmathews@mppalaw.com  
vpiazza@mppalaw.com

Boynton Professional Building  
1325 S. Congress Avenue, Suite 104  
Boynton Beach, Florida 33426  
Telephone (561) 738-5501  
Facsimile (561) 738-2242

September 9, 2016

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Motor City Warehouse, LLC  
Florida Doc # L14000121783

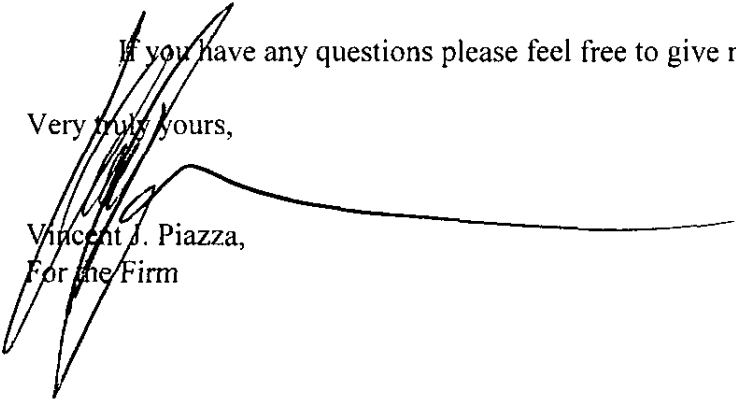
Dear Sir/Madam:

Enclosed please find an Articles of Amendment to Articles of Organization for the above referenced limited liability company. Also enclosed is a check for \$25.00 as the Filing Fee. Please advise if anything else is needed.

If you have any questions please feel free to give me a call.

Very truly yours,

Vincent J. Piazza,  
For the Firm



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MOTOR CITY WAREHOUSE, 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:

VINCENT J. PIAZZA  
Name of Person  
MATTHEWS + PIAZZA, P.A.  
Firm/Company  
1325 S. CONGRESS AVE #104  
Address  
BOYNTON BEACH, FL 33426  
City/State and Zip Code  
VJP@MPPALAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VINCENT J PIAZZA at (561) 738-5501  
Name of Person 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

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

MOTOR CITY WAREHOUSE, 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 8/4/14 and assigned  
Florida document number L14000121783

This amendment is submitted to amend the following:

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

N/A

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

N/A

New Registered Office Address:

Enter Florida street address

City

, Florida

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>	<u>Type of Action</u>
AMBR	VINCENT J. PIAZZA, SR	9527 SUN POINTE DR	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF FLORIDA  
SECRETARY OF STATE

16 SEP 1964  
STATE  
DEPT. OF FLORIDA

16 SEP 1964  
STAFF  
SSE. FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 9/7, 16.

X Christen M. Paez  
Signature of a member or authorized representative of a member

Christine M. Piazza  
Typed or printed name of signee