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DATE:

05-28-15

NAME:

PALM BEACH MOTORS, LLC

TYPE OF FILING: AMENDMENT

COST:

60.00

RETURN: GOOD STANDING CERTIFICATE & CERTIFIED COPY

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

# **COVER LETTER**

TO: Registration S Division of Co						
	h Motors, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	Adam Rafael					
		Name of Person				
	Palm Beach Motors, LLC					
	Firm/Company					
	307 Evernia St Ste 300					
		Address				
	West Palm Beach, FL 3340	01				
		City/State and Zip Code				
	arafael@pbmotors.net E-mail address: (	to be used for future annual report notification)				
For further information of	concerning this matter, please ca	all:				
Adam Rafael		561 540-4449				
Name o	of Person	at () Area Code Daytime Telephon	e Number			
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy			
		'	(additional copy is enclosed)			
	ING ADDRESS:	STREET/COURIER ADDI Registration Section				
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations Clifton Building	一			
		2661 Executive Center Circle Tallahassee, FL 32301	PORATION STATE			
			2 <u>2</u>			

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Beach Motors, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records nited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Com	pany were filed on 12/16/2014	and assigned
Florida document number L14000191249		
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 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 ADDRES	<u> </u>	<u> </u>
		30 <b>5</b> 56
Enter new mailing address, if applicable:		28 TA
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	
	City , P101	Zin 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUSTIN RAFAEL	273 SEDONA WAY	Add
		PALM BEACH GARDENS	■ Remove
		FL, 33418	☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
	<del></del>		Add
		•	☐ Remove
			Change
			Add
			Remote PLECH TARY OF STATE
			S Add S OF S IA I CORP.

Filing Fee: \$25.00