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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TC MOTORCYCLES, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SEP 12 2022
Brumley

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

H22000312350

TC Motorcycles, 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 January 8, 2015 and assigned
Florida document number L15000003654.

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 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:

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

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TALLAHASSEE, FLORIDA

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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>
VP	Lyle Kramper	901 W. Walnut Hill Lane, Suite 110A	<input checked="" type="checkbox"/> Add
		Irving, TX 75038	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	William Coutler	901 W. Walnut Hill Lane,	<input type="checkbox"/> Add
		Irving Texas 75038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mark Tkach	901 W. Walnut Hill Lane	<input type="checkbox"/> Add
		Irving TX 75038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Peter Levy	901 W. Walnut Hill Lane	<input type="checkbox"/> Add
		Irving Texas 75038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Adam Alexander	901 W. Walnut Hill Lane	<input type="checkbox"/> Add
		Irving Texas 75038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Denmar J. Dixon	901 W. Walnut Hill Lane, Suite 110A	<input type="checkbox"/> Add
		Irving Texas 75038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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>
MGR	Richard A. Gary	901 W. Walnut Hill Lane	<input type="checkbox"/> Add
		Irving, Texas 75038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael Marchlik	901 W. Walnut Hill Lane	<input type="checkbox"/> Add
		Irving Texas 75038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kevin Westfall	901 W. Walnut Hill Lane	<input type="checkbox"/> Add
		Irving TX 75038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC	Michael Francis	901 W. Walnut Hill Lane, Suite 110A	<input checked="" type="checkbox"/> Add
		Irving Texas 75038	<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

H22000312350

H22000312350

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

(b) The 90th day after the record is filed.

Dated September 8 2022

Signature of a member or authorized representative of a member

Marshall Chesrow

Typed or printed name of signee