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aladuca

COVER LETTER

TO: Registration Se Division of Co	ection rporations				
	IOTORS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	HECTOR BAZAN				
	······································	Name of Person			
	BAZAN MOTORS LLC				
		Firm/Company		7A.T	
	4791 W HALLANDALE	BEACH BLVD UNIT B		ECNE BONE	
		Address		UL 27	
	WEST PARK, FL 33023			itio	LED
	bazanmotors2015@gmail.c	City/State and Zip Code om		PH 2: 22 OF STATE FLORIDA	U
	E-mail address: (to be used for future annual report notific	cation)	10 A	
For further information of	concerning this matter, please c	all:			
HECTOR BAZAN		908 463-8433 at ()			
Name o	of Person	Area Code Daytime	Telephone Number	***************************************	
Enclosed is a check for t	he following amount:				
	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bazan Motors LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L15000011639</u> .	pany were filed on January 20, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	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	(S)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED JUL 27 PN 2: LLANASSEE. FLOR
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		nter the manne of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street uddress	
	. Florid	in a
	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>	Name	Address	Type of Action
AMBR	Missael A Mendoza	1215 Fairlake Trace Apt 1004	= Add
		Weston, FL 33326	☐ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			ASSEE.
			FLORDA Change
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change

	N/A		
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Fife	etive date if other than the date of filing:	alì	
(If an	tive date, if other than the date of filing: (option flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file. If the date inserted in this block does not meet the applicable statutory filing requirements, this d	ling.) Pursuant to 605.	0207 (í d as th
	ment's effective date on the Department of State's records.	are will not be tiste	a us ti
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.i e 90th day after the record is filed.	m. on the earlie	r of:
Date	July 11 2016		
Date	1/12		
			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00