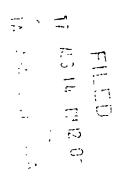
## H5000011639

Office Use Only



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D. SCOTT AUG 1 5 2017

## COVER LETTER

TO: Registration S Division of Co					
CHO TECE		MOTORS, LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		HECTOR M. BAZAN			
		Name of Person BAZAN MOTORS, LLC			
		Firm/Company			
	4791 W. HALI	LANDALE BEACH BLVD, UNIT	В	<b></b>	,
		Address			1
		WEST PARK, FL 33023		: · · · · ·	, <del></del> , -
	City/State and Zip Code			ı	:
		heeticorbd@hotmail.com	<del> </del>	· -	
		to be used for future annual report notif	ication)	;	() ()
For further information	concerning this matter, please ca	afl:		·	00
HECTOR	M. BAZAN	908 463-8433			
Name	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
■ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	
Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations		



Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BAZAN MOTORS, LLC		
(Name of the Limited	Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document numberL15000011639		FLORIDA	and assigned
This amendment is submitted to amend the follow			
This amendment is submitted to amend the follow	ving,		
A. If amending name, enter the new name of t	the limited liability company her	<u>:e</u> :	
	A STATE OF THE STA	of tem of	The second second second
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the de-	signation "LLC" or the a	ibbreviation "L.L.C.
Enter new principal offices address, if applical	ble:	**	
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	<del></del>	
	<del></del>		
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE B	OX)		
			· 5 T
B. If amending the registered agent and/o registered agent and/or the new registered offi		our records, ente	r the name of the n
registered agent and/or the new registered orn	ice and connect		
Name of New Registered Agent:			FS
Name (i) New Registered Agent.			00
New Registered Office Address:	Katur Flori	da street address	
	Emer I toru		
		, 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 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>	Address	Type of Action
MGR	LUIS G. AMORETTI	4791 W. HALLANDALE BEACH	
		UNIT B	■ Remove
		WEST PARK, FL 33023	
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			Change
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Note:	ce date, if other than the date of filing:	uant to 605.0207 (2 not be listed as th
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the specifies and the record is filed.	he earlier of:
The	outh day after the record is filed.	
The Dated_	AUGUST 11 2017	

Page 3 of 3

Filing Fee: \$25.00