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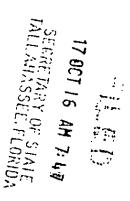
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER,

TO: Registration S Division of Co		•	
	BAZA	AN 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 correspo	ondence concerning this matter	to the following:	
		HECTOR M. BAZAN	
		Name of Person	A. BAZAN erson DTORS, LLC pany EACH BLV. UNIT B S FL 33023 Zip Code otmail.com re annual report notification) B
		BAZAN MOTORS, LLC	
		Firm/Company	
	4791 W. HA	ALLANDALE BEACH BLV. UNIT	В
		Address	
		WEST PARK, FL 33023	
		City/State and Zip Code	
		hecticorbd@hotmail.com	
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	ail:	
HECTOR	M. BAZAN	908 463-8433 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

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

BAZAN MOTORS, I	.LC		
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabilit	it now appears y Company)	on our records.)	
he Articles of Organization for this Limited Liability Company were decide document number $\frac{4.15000011639}{1.15000011639}$.		FLORIDA	and assigned
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability of	company her	<u>e</u> :	
ne new name must be distinguishable and contain the words "Limited Liability Co	mpany," the des	ignation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	address on	our records, <u>en</u>	iter-thorname of the
Name of New Registered Agent:			- SSE
New Registered Office Address:	Enter Florid	la street address	AH 7:10
		, Florid:	
(.iiv		-> 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>	Type of Action
MGR	JESUS F. ROMERO	800 NE 17TH WAY APT 12	
		FORT LAUDERDALE, FL 33304	□ Remove
			□ Change
			□ Add
			Remove
			□ Change
		·	
			□ Remove
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) ss after filing.) Pursuant to 60 ts, this date will not be lis	15.0207 (3 ited as th
the record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.	:01 a.m. on the earl	ier of:
Dated OCTOBER 10 . 2017		
Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00