

L150000 39499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

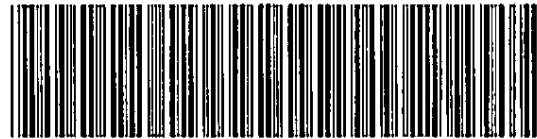
(Business Entity Name)

(Document Number)

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MAR 26 2020
S. YOUNG

CLERK OF SUPERIOR COURT
MASSACHUSETTS

2020 MAR 11 PM 6:23

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skyway Motors LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cynthia A Mabey
Name of Person
Skyway Motors LLC
Firm/Company
12724 N Florida Ave
Address
Tampa, FL 33612
City/State and Zip Code
cindy.skywaymotorsfl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Mabey 813 605-5660
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Skyway Motors 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 March 7, 2020 and assigned
Florida document number L15000039499

FILED
2020 MAR 11 PM 6:23
CLERK OF SUPERIOR COURT
STATE OF FLORIDA
TALLAHASSEE

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 "LLC."

Enter new principal offices address, if applicable: 12724 N Florida Ave

(Principal office address **MUST BE A STREET ADDRESS**) Tampa, FL 33612

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**) PO Box 17240
Tampa, FL 33682

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

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>
<hr/>	Cynthia A Mabey	12724 N Florida Ave, Tampa, FL 33612	<input checked="" type="checkbox"/> Add
		12719 N Florida Ave, Tampa, FL 33612	<input checked="" type="checkbox"/> Remove
		<hr/>	<input type="checkbox"/> Change
<hr/>	William H Mabey	12724 N Florida Ave, Tampa FL 33612	<input checked="" type="checkbox"/> Add
		12719 N Florida Ave, Tampa FL 33612	<input checked="" type="checkbox"/> Remove
		<hr/>	<input type="checkbox"/> Change
<hr/>		<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
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		<hr/>	<input type="checkbox"/> Remove
		<hr/>	<input type="checkbox"/> Change

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

Dealership New Physical address: 12724 N Florida Ave, Tampa FL 33612 as stated above

Dealership New Mailing address: PO Box 17240 Tampa FL 33682

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 7 2020



Signature of a member or authorized representative of a member

Cynthia A Mabey

Typed or printed name of signer

Filing Fee: \$25.00