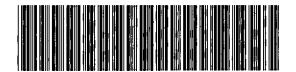
## 15000046017

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## **COVER LETTER**

TO:				
SURI		IOTORS LLC		
		Name of Lim	ited Liability Company	<del></del>
The ea	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		ANA CAMARDIEL		
			Name of Person	
	Name of Person  4UNOW MOTORS LLC  Firm/Company  12629 SW 54 ST  Address  MIRAMAR, FL 33027  City/State and Zip Code ana_karinacamardicl@hotmail.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  A CAMARDIEL  954 289-7593 at (			
			Firm/Company	<del></del>
		12629 SW 54 ST		
			Address	
		MIRAMAR, FL 33027		
			City/State and Zip Code	<del></del>
		ana_karinacamardiel@hotm	nail.com	
		E-mail address: (	to be used for future annual report notif	ication)
For fu	uther information c	oncerning this matter, please ca	all:	
ANA	CAMARDIEL			
	Name o	f Person		Telephone Number
	T MILLO V		That odd Buyland	. Totophoto Tvalion
Enclos	sed is a check for the	ne following amount:		
\$2	25.00 Filing Fee		Certified Copy	Certificate of Status &

**MAILING ADDRESS:** 

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

2016	FIL	ED
MUSE.	<i></i>	
MLI AHA	55 <u>E</u> E,	FSTATE FLORIDE

**4UNOW 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 1	Liability Company	were filed on03/13/2015	5 and assigned
Florida document number L15000046017			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liabi	ility company here:	
The new name must be distinguishable and contain the	number L15000046017  is submitted to amend the following:  name, enter the new name of the limited liability company here:  be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  ipal offices address, if applicable:  Inderess MUST BE A STREET ADDRESS)  Ing address, if applicable:  Inderess MUST BE A STREET ADDRESS)  Ing address, if applicable:  Inderess MUST BE A STREET ADDRESS)  Ing address, if applicable:  Inderess MUST BE A STREET ADDRESS)  Ing address, if applicable:  Inderess MUST BE A STREET ADDRESS)  Ing address, if applicable:  Inderess MUST BE A STREET ADDRESS)  Ing address, if applicable:  Inderess MUST BE A STREET ADDRESS)  Ing address, if applicable:  Inderess MUST BE A STREET ADDRESS)  Ing address, if applicable:  Inderess MUST BE A STREET ADDRESS  Ing address, if applicable:  Inderess MUST BE A STREET ADDRESS  Ing address, if applicable:  Inderess MUST BE A STREET ADDRESS  Ing address, if applicable:  Inderess MUST BE A STREET ADDRESS  Ing address, if applicable:  Inderess MUST BE A STREET ADDRESS  Ing address, if applicable:  Inderess MUST BE A STREET ADDRESS  Ing address, if applicable:  Inderess MUST BE A STREET ADDRESS  Ing address, if applicable:  Inderess MUST BE A STREET ADDRESS  Ing address, if applicable:  Inderess MUST BE A STREET ADDRESS  Ing address, if applicable:  Inderess MUST BE A STREET ADDRESS  Ing address, if applicable:  Inderess MUST BE A STREET ADDRESS  Inderess		
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		12629 SW 54 ST, MIF	RAMAR, FL 33027
(Mailing address MAY BE A POST OFFICE	(BOX)		
	office address here	<b>;</b>	cords, enter the name of the nev
New Registered Office Address:	12629 SW 54	ST	
. Toward College Production	<del> </del>	Enter Florida street	address
	MIRAMAR		_, Florida <u>33027</u>
		City	Zip Code
New Registered Agent's Signature, if changing			
I hereby accept the appointment as register, provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete j istered agent as p registered office of change.	performance of my dution provided for in Chapter of address, I inveby confir	es, and I am familiar with and 605, F.S. Or, if this document is
	Page 1	of 3	

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	ISABEL RICCIO		Add
		2120 N Main St Ste C, Gainesville,	■ Remove
			Change
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			Add F
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`an effe <u>{ote:</u> I	ve date, if other than the date of filing:  (optional)  ctive 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 60:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records.	i.0207 ( ed as t
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.	er of:
ated_	02/02/2016,	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00