# USCOOLOTOUH

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SAGRETARY OF STATE

MAY 19 2018

## **COVER LETTER**

Div	rision of Corp	orations ,					
CHRIECT.	CAROLINA	ELITE MOTORS LLC					
SOBJECT.		Name of Limi	ted Liability Company				
The enclosed	d Articles of A	mendment and fee(s) are subr	nitted for filing.				
Please return	all correspon	dence concerning this matter t	to the following:				
		ASHLEY BIRCH / 50	de Palmer	<u></u> -			
			Name of Person		*		
CAROLINA ELITE MOTORS LLC							
Firm/Company							
	CAROLINA ELITE MOTORS LLC  Firm/Company  478 E ALTAMONTE DR SUITE 108-249  Address  ALTAMONTE SPRINGS, FL, 32701  City/State and Zip Code  CAROLINAELITEMOTORS@GMAIL.COM  E-mail address: (to be used for future annual report notification)  Further information concerning this matter, please call:  HLEY BIRCH  Name of Person  Name of Person  Name of Person  Daytime Telephone Number  Area Code  Daytime Telephone Number  Certificate of Status  S25.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy  Certificate of Status & Certified Copy						
Address							
		ALTAMONTE SPRINGS, FL, 32701					
			City/State and Zip Code				
			_		577		
		E-mail address: (t	o be used for future annual report notific	ation)	<b>15</b>		
For further i	nformation co	ncerning this matter, please ca	d1:		AND A		
ASHLEY B	SIRCH					PROGRAM	
	Name of	Person		Telephone Number			
		, i			STALL		
Enclosed is	a check for the	following amount:			Fm N		
<b>■</b> \$25.00 I	Filing Fee				Status &		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Registration Section

TO:

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

CAROLINA ELITE MOTORS LL				
(Name of the Limit	ed Liability Company (A Florida Limited Lia	y a <mark>s it now appears on our re</mark> ability Company)	cords.)	_
The Articles of Organization for this Limited L.				d assigned
	acinty Company w	vere med on	anı	u assigneu
Florida document number L15000067064	·	•		
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabili	ity company here:	· · · · · ·	
			•	
The new name must be distinguishable and contain the v	ords "Limited Liability	y Company," the designation "	LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applic	able:			_2
(Principal office address MUST BE A STREE	T ADDRESS)			<b>F</b> 70
		<u> </u>		2
			27.5	-6
Enter new mailing address, if applicable:	•		_ mc	> P []
	BOY.			7)
(Mailing address MAY BE A POST OFFICE	BOX)			
-				<u> </u>
D 16 B 4b	(			<i>a</i>
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the na	ime of the nev
Name of New Registered Agent:	SADE PALMER	·		•
New Registered Office Address:	SAME ADDRES	S		
		Enter Florida street ad	ldress	
			, Florida	•
,		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

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>	<u>Address</u>	Type of Action		
MGR	SADE PALMER	478 E ALTAMONTE DR SUITE 1	■ Add		
		ALTAMONTE SPRINGS, FL, 327	□ Remove		
			☐ Change		
<del></del>			□ Add		
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ctive date, if other than the d	late of filings		(4-	a.D	
effective date is listed, the date must	be specific and cannot be p	rior to date of filing or	more than 90 days after	filing.) Pursuant to 605	.020
e: If the date inserted in this block			ing requirements, this	date will not be liste	ed as
ıment's effective date on the Dep	partment of State's reco	ras.			
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·	Signature of a member or a	uthorized concentration	ue of a member	<u> </u>	•
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Filing Fee: \$25.00