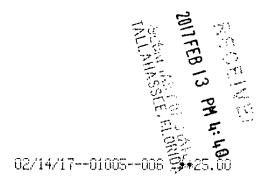
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Special Instructions to F	iling Officer:	
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ест: <u>70</u>	P CARS MOTORS, LLC Name of Limited Liability Company
sed Articles of Ameno	lment and fee(s) are submitted for filing.
arn all correspondence	concerning this matter to the following:
	•
	SAMUEL POSS AMA 1  Name of Person
·	Name of Person
	TOP CARS MOTORS, LIC
-	Firm/Company
	2421 NE 4 AVE Address
<del></del>	Address
	Ponfano BEACH, 33064 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	I'mail addrage (to be used for future appeal connet natification)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10P CARS MOTO	_ ·	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>4/50000 923/8</u> .	were filed on OS	26/15 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		TEB 13
(Mailing address MAY BE A POST OFFICE BOX)		PH PH
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	office address on our r	ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	
	rmer riorida stree.	auaress
	City	, Florida Zip Code
Now Designated America Comments of the control Designation	~,·	up cone

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SAMUEL POSSAMAI		
		1316 NW SOTH AVE	Remove
			Change
			Remove
			Change
			AAA AEGRAFIA
			Remove PR
			Change 9
			Add
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an effective date is ote: If the date	f other than the dat s listed, the date must be inserted in this block ive date on the Depar	specific and o does not me	cannot be prio	cable statuto	ling or more tl	nan 90 days aft	tional) ter filing.) Pur his date will	suant to 605.02 not be listed:
	ifies a delayed eff after the record		ate, but no	ot an effe	ctive time	, at 12:01	a.m. on t	he earlier:
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	Son	nul	Ron	anai.				

Page 3 of 3

Filing Fee: \$25.00