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COVER LETTER

	a of Corporations	
Ama	azing Shirts LLC	
	Name of Limited Liability Company	
The enclosed Artic	icles of Amendment and fee(s) are submitted for filing.	
Please return all co	correspondence concerning this matter to the following:	
	Alexander Fedorov	
	Name of Person	
	Firm/Company 405 Bahama Dr	
	Address Indialantic, FL, 32903	
	City/State and Zip Code sasted@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
Alexander Fedoro	Name of Person Area Code Daytime Telephone Number	_
Enclosed is a chec	ck for the following amount:	
□ \$25.00 Filing	Fee S30.00 Filing Fee & S60.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tatus &

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

Amazing Shirts LLC		<u> </u>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 02/05/2019	and assigned
Florida document number L15000144703		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Budget Handicap Vans LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7617 Ellis Road Suite 104	
Principal office address MUST BE A STREET ADDRESS)	West Melbourne, FL, 32904	
	7617 Ellis Road Suite 104	5-1-6
Enter new mailing address, if applicable:	West Melbourne, FL, 32904	
Mailing address MAY BE A POST OFFICE BOX)		-4 (-1)
B. If amending the registered agent and/or registered of	Mice address on our records,	enter the name of the ne
registered agent and/or the new registered office address her		22
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	zip Coae

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>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
_ .			
			Remove
			☐ Change
			
			□ Remove
			☐ Change
··-			□ Add
		<u> </u>	☐ Remove
		 	□ Change
	-		□ Add
			□ Remove
			□ Change

D. If amending any other in	iformation, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note: If the date inserted in	an the date of filing: (optional) 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) a this block does not meet the applicable statutory filing requirements, this date will not be listed as the n the Department of State's records.
(b) The 90th day after the	
Dated 02/05	2015
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Alexander Fedorov Typed or printed name of signee

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Filing Fee: \$25.00