

L15000186665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

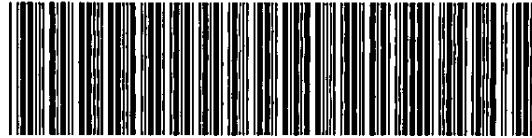
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 17 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KEPT 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:

GILBERTO SANCHEZ

Name of Person

KEPT MOTORS LLC

Firm/Company

2149 US HWY 27 SOUTH

Address

LAKE PLACID, FLORIDA 33852

City/State and Zip Code

michaelq5@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILBERTO SANCHEZ

863 243-0613
at ()

Name of Person

Area Code

Daytime Telephone Number

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**

KEPT 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 NOVEMBER 3, 2015 and assigned
Florida document number L15000186665.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

GILBERTO SANCHEZ

New Registered Office Address:

2149 US HWY 27 SOUTH

Enter Florida street address

LAKE PLACID

Florida 33852

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

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>
MGR	ERICK KELECSENY	219 US HWY 27 SOUTH	<input checked="" type="checkbox"/> Add
		LAKE PLACID, FL 33852	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GILBERTO SANCHEZ	2149 US HWY 27 S	<input checked="" type="checkbox"/> Add
		LAKE PLACID, FL 33852	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE

[illegible]

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.


Signature of a member or authorized representative of a member

GILBERTO SANCHEZ
Gilberto Sanchez
Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

16 AUG 15 PM 2:06
SECURITY, U.S. STATE
TALLAHASSEE, FLORIDA