L16000027779

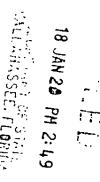
(Rec	questor's Name)	
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PICK-UP	MAIT	MAIL
<u>.</u> <u></u>		<u></u> _
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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	(COVER LETTER	
TO: Registration So Division of Co			
SUBJECT: MOTO	STALGIA LLC	ited Liability Company	
	Name of Lim	ned Liaonity Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANTON	IO BRUNET	
		Name of Person	
	мото	OSTALGIA LLC	
		Firm/Company	
	1417 SAE	DLER RD #311	
		Address	
	FERNAN	DINA BEACH, FL 32034	
		City/State and Zip Code	
		LUND@MOTOSTALGIA.COM to be used for future annual report notif	fication)
For further information of	concerning this matter, please ca		·
ANTONIO E	BRUNET	at (512)813-063	6
Name o	of Person		e Telephone Number
Enclosed is a check for t	he 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)
	ana a nonna		PN A NANDOO

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

M	IOTOSTALGIA L	.L.C		
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited L	ny as it now appears (liability Company)	n our records.)	
The Articles of Organization for this Limited Liab Florida document numberL16000027779	pility Company	were filed on0	2/09/2016	and assigned
(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				
A. If amending name, enter the new name of the	he fimited Iiabi	ility company hero	:	
The new name must be distinguishable and contain the word	ds "Limited Liabil	ity Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applican	de:	4000	tmelia Is	land Parkway
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	Amelic	x Island	FL 32034
Enter new mailing address, if applicable:	O.V.			
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>			
			our records, <u>enter</u>	9
Name of New Registered Agent:	ANTO	NIO BRUNET		
New Registered Office Address:	1417 SA	DLER RD #311		
•	FERNA	Enter Florido NDINA BEACH,	street address , Florida	32034
		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>	Address	Type of Action
MGR	ANDREA HEDLUND	1417 SADLER RD #311	
		FERNANDINA BEACH, FL 32034	□ ^F Remove
			Change
MGR	ANTONIO BRUNET	1417 SADLER RD #311	⊡ `Add
	FERNANDINA BEACH, FL 32034	☐ Remove	
			□ Change
		Add	
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. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		_
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	25 ×	- io (
. Effective date, if other than the date of filing: (optional)	10.	61
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ursuant to 60 Il not be lis	95.0207 (3)(b) sted as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or b) The 90th day after the record is filed.	the earl	ier of:
Dated 24TH DAY OF JANUARY, 2018		
Signature of a member or authorized representative of a member		

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Page 3 of 3

Filing Fee: \$25.00