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COVER LETTER

TO:	Registration Se Division of Cor	ction porations		·
CLID II	Ultimate M	otor Works, LLC		
SUBJI	EC1: *	Name of Limi	ited Liability Company	···
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Eric Khazravan		
			Name of Person	
		Ultimate Motor Cars, LLC		
			Firm/Company	
		4644 US Highway 1 N		
			Address	
		St Augustine, Florida 3209	95	
			City/State and Zip Code	
		ekazran@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
Eric k	Chazravan		904 599-9169 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for the	he following amount:		
S \$2	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

Ultimate Motor Works, LLC			
(Name of the Limited Liability (A Florida)	y Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{03}{2}$	28/2016	and assigned
Florida document number	<u>-</u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company he	<u>re</u> :	
Ultimate Motor Cars, LLC			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)	-	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registoregistered agent and/or the new registered office addre		our records, enter	the name of the ne
egistered agent and/or the new registered office additi	ess nere:		
Name of New Registered Agent:			
Naw Pagistanad Office Address			
New Registered Office Address:	Enter Flori	da street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered	mplete performance of t ent as provided for in C	ny duties, and I am fo hapter 605, F.S. Or,	amiliar with and if this document is
company has been notified in writing of this change.		- 13 1 139	- T
		12- 2-1 12- 2-1 20- 1-1	10 mm
	If Changing Registered Age	nt, Signature of New Res	
		: <u>"</u> 9	ט ס

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
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ective date, if other than the of effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	be specific and cannot be prick does not meet the appl	or to date of filing or mo icable statutory filing	re than 90 days afte	ional) er filing.) Pursua is date will no	nt to 605.02 t be listed
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Filing Fee: \$25.00