L16000062468

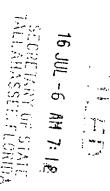
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





800287509688

07/06/16--01027--023 **25.00



COVER LETTER

10:	Registration Se Division of Cor			
SUBJE		al Powersports Brokers, LLC		
SCBCE	CI	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Mauricio Restrepo		
•			Name of Person	
		International Powersports	Brokers, LLC	
			Firm/Company	
		5960 SW 134 Street		
			Address	
		Pinecrest, FL 33156		
			City/State and Zip Code	·····
		universefb@aol.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furtl	ner information co	oncerning this matter, please ca	all:	
Mauric	o Restrepo		305 333-4899 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

International Powersports Brokers, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our recor imited Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited Liability Conlorida document number L16000062468		and assigned
his amendment is submitted to amend the following:	·	
. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registe egistered agent and/or the new registered office addre		ds, enter the name of the
	SS IICIC.	16 . \$108 'ALLA
Name of New Registered Agent:		
New Registered Office Address:		6 199
	Enter Florida street addre	ess E
		lorida Zip-Code
	City	Day 10

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>	Type of Action
MGR	Restrepo, Vivian M.	5960 SW 134 Street	Add
		Pinecrest, FL 33156	■ Remove
			Change
MGR	Quintero, Vivian M.	5960 SW 134 Street	Add
		Pinecrest, FL 33156	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
	·		Add
			Remove
			Change
			☐ Add
			□ Remove
			☐ Change

name of "Restrepo" to her	maiden name "Quintero". Reason for the chang	ge was to fulfill the requirements
of the Department of Moto	or Vehicles application for a dealers license for a	automobiles and motorcyles.
•		
		
		
		<u> </u>
		(2) 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		7.00 AR 1717
		The state of the s
		BRA TO
		j.»
Effective date, if other than	the date of filing:	(optional)
Note: If the date inserted in this	must be specific and cannot be prior to date of filing or s block does not meet the applicable statutory fil	more than 90 days after filing.) Pursuant to 605.0207 ling requirements, this date will not be listed as
document's effective date on the	e Department of State's records.	
ne record specifies a dela The 90th day after the i	yed effective date, but not an effective record is filed.	e time, at 12:01 a.m. on the earlier of
Dated June 29	2016	
21		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00