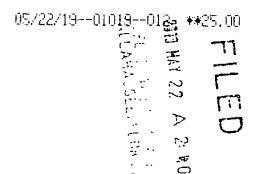
## L16000155976

(Re	equestor's Name)	
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D SCOTT

JUN - 8 2019

## COVER LETTER

TO:	Registration Sec Division of Corp		
CHDIE		S PERFORMANCE AUTOS	LLC
SUBJE	.C1:	Name of Limi	ited Liability Company
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.
Please	return all correspor	ndence concerning this matter	to the following:
		TUCKER RUSHNECK	
		BLACK OPS PERFORMA	Name of Person ANCE AUTOS LLC
		5516 COMMERCE DR	Firm/Company
		EDGEWOOD FL 32839	Address 22
		BLACKOPSPERFORMAN	City/State and Zip Code ICE@YAHOO.COM
F 6	41		to be used for future annual report notification)
		ncerning this matter, please ca	
TUCK	ER RUSHNECK		321 352-7896 at ()
	Name of	Person	Area Code Daytime Telephone Number
Enclose	ed is a check for the	e following amount:	
<b>■</b> \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 (see, 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

BLACK OPS PERFORMANCE AUTOS LLC

( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability C Florida document number L16000155976	Company were filed on 8/19/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>三</b> 71
(Principal office address MUST BE A STREET ADDR	RESS)	22
Enter new mailing address, if applicable:		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent and/or registered agent and/or the new registered agent agen		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	Zip Code
New Registered Agent's Signature, if changing Registered	, i	гр Соае
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and confidence the obligations of my position as registered againg filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this capacity. I furthe omplete performance of my duties, and I gent as provided for in Chapter 605, F.S.	am familiar with and Or, if this document is the limited liability
	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 = Manager AMBR = Authorized Member **Title** Address **Type of Action** <u>Name</u> 4112 ISLE VISTA AVE BELLE STEVEN BLAKE MERRITT MGR ISLE FLORIDA 32812 ■ Add ☐ Remove ☐ Change □ Add ☐ Remove Remove Change □ Add ☐ Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change

Page 2 of 3

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Iffective date, if other than an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and cannot be s block does not meet the a	plicable statutory filing requi	(optional) n 90 days after filing.) Pursuant t rements, this date will not be	o 605.0207 e listed as
e record specifies a dela The 90th day after the		t not an effective time,	at 12:01 a.m. on the e	earlier of
MAY 20	2019			
	-1 1/2			
	Signature of a member or	authorized representative of a me	ember	<del></del>
TUCKER RUSHNE	CK			

Page 3 of 3

Filing Fee: \$25.00