11600/66886

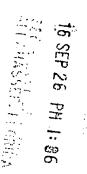
(Re	equestor's Name)	
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,	,	
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PICK-UP	■ WAIT	MAIL.
(Bı	isiness Entity Name)
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COVER LETTER

TO:		istration Se ision of Cor			
cun	ur.cm.		FE SERVICES LLC		
SUB	JECT:			ited Liability Company	···
The e	enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return	all correspo	ndence concerning this matter	to the following:	
			HUMBERTO J. CHAPAR	RO MORALES	
				Name of Person	
			MOTORLIFE SERVICES	LLC	
			-	Firm/Company	
			2407 CHATHAM PLACE	DR.	
				Address	1 1111 31 1122 213
			ORLANDO, FL. 32824		
		. ,		City/State and Zip Code	
		,	magalynfms@gmail.com	to be used for future annual report notific	and in the second
For fi	arther in	nformation co	oncerning this matter, please ca		cation)
JOA	NNET !	DA ROCHA	DE CHAPARRO	407 633-8527 at ()	
		Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a	check for th	e following amount:	,	
\$	25.00 F	iling 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

MOTORLIFE SERVICES LLC							
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on ou Limited Liability Company)	r records.)					
The Articles of Organization for this Limited Liability Company were filed on 09/07/2016 Florida document number L16000166886				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 designati	on "LLC" or the abbrevi	iation "L	L.C."	1		
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDR	NESS)			munds :			
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		:		رح بي:			
Enter new mailing address, if applicable:		ģ		3	٠		
(Mailing address MAY BE A POST OFFICE BOX)		*	1.,	<u> </u>			
		,	(.) ()				
				ين ك			
B. If amending the registered agent and/or registered agent and/or the new registered office address.		records, enter the	name	of t	ne nev		
Name of New Registered Agent:							
New Registered Office Address:							
	Enter Florida stret	et address					
	City	, Florida	9-6-3				
	City	Z	ip 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>	Type of Action
MGR	Joannet Da Rocha De Chaparro	2407 Chatham Place Dr, Orlando , F1. 32824	⊟ Add
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			Change
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Effective date, if other than the date of fi (If an effective date is listed, the date must be specific Note: If the date inserted in this block does n document's effective date on the Department	and cannot be prior of meet the applica		filing.) Pursuar	CT) 	
the record specifies a delayed effectiv) The 90th day after the record is file	ed.	time, at 12:01 a	.m. on the	earlie	r of:
Dated September, 21					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00