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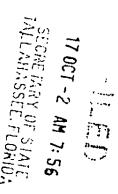
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: MOTOY	CYCLE Parts UN Name of Limi	IMITED, LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Desmond A	. Babcombe Jr. Name of Person	
	Xander fir	TANCIA Firm/Company	
	11820 Mirayy	ar Pkwy. Ste. 30)\
	Miromar, f Debmond bas E-mail address: (1	City/State and Zip Code COMBLO XONDERFINE TO be used for future annual report notified	incial net
For further information co	ncerning this matter, please ca	dl:	
EdWIN Rod	Y I QUEZ Person	at (<u>954</u>) <u>993 - 1</u> Area Code Daytime	772 Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOTORYCICE Parts Unlimited LLC (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 \\\01\20\6 \\ and assigned \\\ \ \\ \ \ \ \ \ \ \ \ \ \
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: MOTORCYCLE PORTS UNIMITED, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
City Florida 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>	Name	Address	Type of Action
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(If an	ctive date, if other than the date of filing:	nal) iling.) Pursua	nt to 60 t be lis	5.0207 (3 ted as th
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Page 3 of 3

Filing Fee: \$25.00