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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(23311303 21111, 141116)
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J. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	dvanced pe	ited Liability Company	s uc
-	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Ha	Name of Person	nan
		Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	(85 bn	ashcreek dr	
		Address	,
,	San	Ford FL 32	1771
		City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	all:	·
t .		at (305) 934- Area Code Daytime	2585
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		,
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Havancea Pet	TORUM Service	es cic
K,,	,	'
The Articles of Organization for this Limited Liabili	ty Company were filed on _	12/12/16 and assigned
This amendment is submitted to amend the following	document number \$\frac{15571076}{5571076} \text{UL0000204070} mending name, enter the new name of the limited liability company here: #### ###############################	
		DEFAUCTION MOTORS LLC
The new name must be distinguishable and contain the words		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET Al	$\frac{185}{\text{San}}$	Ford FL 32771
Entor pay mailing address if applicables		
Enter new maning authess, it applicable: Mailing address MAY BE A POST OFFICE BOX	2	
		on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	orida street address
		, Florida
	City	Zip 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

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			
<u>Title</u>	<u>Name</u>	Address	Type of Action
	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	Add
		***************************************	Remove
			Change
			☐ Remove
			☐ Change
			🗆 Add
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	□ Change
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	Remove.
Dago 2 of	3: 3: 0 0 0 0 10 0

. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary	v.)
		
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<u></u>		
v === -		
		++
		
(If an effective Note: If the document's	date, if other than the date of filing:) Pursuant to 605.0207 (3)(will not be listed as the
) The 90	th day after the record is filed.	
Dated	4/8/18	
	Signature of a member or authorized representative of a member Laksan U Adnan	APR I
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	D

Filing Fee: \$25.00