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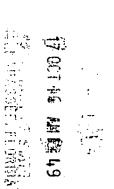
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(Docu	ıment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	
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Office Use Only



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COT 11: 2017



September 19, 2017

CHRISTOPHER MOURA 2559 RAINBOW DR FT PIERCE, FL 34981

SUBJECT: RC CLASSIC MOTORS LLC

Ref. Number: L17000001731

We have received your document for RC CLASSIC MOTORS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 917A00019030

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJEC	T. 20	CLASSIC M	OTORS	, LLC		
SUBJEC		Name	of Limited Li	ability Company		
The encl	osed Articles of A	mendment and fee(s)	are submitted	for filing.		
Please ro	cturn all correspon	dence concerning this	matter to the	following:		
		CHRIS	ТОРНЕТ	RYLE A	Mour4	<u> </u>
				Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		2559 TC+11	NBOW	DR. FT	. Pier	RCE FL 34981
				Address		
			City	/State and Zip Code	<u> </u>	. •
		E-mail ad	M 40	7469 (A)	J 9 M	AIL. COM
For furth	ner information co	ncerning this matter, p		oce for familia	и героп поп	meanony
C	hris Mo	ued		321	439	9113
	Name of	Person		Area Code	Daytim	9113 ne Telephone Number
Enclosed	d is a check for the	e following amount:				
□ \$25.	.00 Filing Fee	□ \$30.00 Filing Fee Certificate of St		\$55.00 Filing Fee Certified Copy (additional copy is er		☐ \$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

(Name of the Limit	ted Liability Company as it now appears on our reco (A Florida Limited Liability Company)	<u>rds.</u>)
	(A Florida Limited Liability Company)	
he Articles of Organization for this Limited Li	iability Company were filed on	and assigned
lorida document number	·	
his amendment is submitted to amend the follo	owing:	
a. If amending name, enter the new name of	f the limited liability company here:	
he new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	· - · · · · · · · · · · · · · · · · · ·
Date and a CC and a delicate MI/CT DE A CTDEE	ET ADDRESS)	
Principal office address MOST BE A STREE		
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Principal office address MUST BE A STREE	. I ADDRESS)	
	A ADDRESS)	
Enter new mailing address, if applicable:		
		\$21
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Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and	/or registered office address on our reco	ds, enter the name of th
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Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and	/or registered office address on our reco	
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Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/egistered agent and/or the new registered of	/or registered office address on our reconffice address here: CHRIS TOPHER KYLE 2559 RAINBOW DR	Money
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/egistered agent and/or the new registered of Name of New Registered Agent:	/or registered office address on our reconffice address here: CHRIS TOPHER KYLE 2559 RAINBOW DR Enter Florida street add	Money
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/egistered agent and/or the new registered of Name of New Registered Agent:	/or registered office address on our reconffice address here: CHRIS TOPHER KYLE 2559 RAINBOW DR Enter Florida street add	Money

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.

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 **Title Type of Action** <u>Name</u> <u>Address</u> 3870 WATERCREST DR. RONALD MOURA MNER _□ Change ☐ Remove _□ Change □ Add □ Remove □ Remove _□ Add □ Remove ☐ Change □ Add □ Remove

☐ Change

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	ive date, if other than the date of filing:	Pursuant vill not b	to 605.0 be listed	0207 (d as t
lf an efi <u>Note:</u>	ent's effective date on the Department of State's records.			
If an eff <u>Note:</u> docum	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	n the (earlie	r of:
If an eff <u>Note:</u> docum	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	on the o	earlie	r of:

Page 3 of 3

Filing Fee: \$25.00