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To:

Division of Corporations

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From:

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Account Number: 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please \*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **AVENTURA MOTORS, LLC** 

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D. BRUCE MAY 11 2017

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Aventura Motors, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L17000011922	ere filed on January 19, 2017	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the now name of the limited Habill	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbre	viation "L.L.C."
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 offic registered agent and/or the new registered office address here:	e address on our records, enter th	TANGE OF THAT
Name of New Registered Agent:		M
New Registered Office Address:	Enter Florida street address	
	Florida	<u> </u>
	Clay	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	.*	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete ne	. , ,	

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 Title Name **Address** Type of Action MGR John Staluppi 133 US Highway Onc N. Palm Beach, FL 33408 Remove ☐ Change MGR 308 Ridge Road Brian Brown New Milford, CT 06776 ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change DbA □ Remove SE( SECONDAY 10 Remove Ghange □ Add

☐ Remove

□ Change

Effective date, if other than the date of filing:  ((If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( Note: If the date inserted in this block does not much the applicable statutory filing requirements, this date will not be fisted as the document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  May 1  2017  Way 1  2017  Jeffrey Lash  Signature of a member or authorized representative of a member	Name - 1	y other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, if other than the date of filing:  ((Optional)  (If an effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3);  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as the document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  May 1  2017  May 1  2017			
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