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2017 SEP -1 PM 3: 40

K. SALY SEP - 6 2017

COVER LETTER

TO:	Registration Sec Division of Corp					
CHB		OTORCYCLE SHOP LLC				
SUB	JECT:		ted Liability Company			
		Amendment and fee(s) are subt				
Pleas	se return all correspoi	ndence concerning this matter t	to the following:			
		Domingo Abinader				
			Name of Person			
		AB Multi Services and Inc	ome Taxes			
			Firm/Company	<u>.</u>		
		1901 S John Young Parkw	ay Ste 103			
Address						
		Kissimmee FL 34741				
		·	City/State and Zip Code			
abmultiservices I @yahoo.com E-mail address: (to be used for future annual report notification)						
For f	further information co	n-mail address: (i oncerning this matter, please co		neation)		
Domingo Abinader			at () 601-6524 Area Code Daytime			
	Name of	f Person	Area Code Daytime	: Telephone Number		
Encl	osed is a check for th	ne following amount:				
	\$25.00 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 SEP - PH 3: 40

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FEVER MOTORCYCLE SHOP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Liability Company were filed on $\frac{017}{2}$	and assigned
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lowing:	
of the limited liability company he	<u>re</u> :
words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
cable:	
ET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
<u></u>	
	our records, enter the name of the new
RODRIGUEZ, JUAN G	
780 ROYAL PALM DR	
Enter Flor	ida street address
Kissimmee	Florida 34743
City	Zip Code
	lowing: of the limited liability company he words "Limited Liability Company," the d cable: ET ADDRESS) If or registered office address on office address here: RODRIGUEZ, JUAN G 780 ROYAL PALM DR Enter Flor Kissimmee

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.

Francisco Politicas

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	MELENDEZ, RICARDO	322 OCEANSIDE CT	
		KISSIMMEE, FL 34743	■ Remove
		 	Change
			Add
			Remove
			D Change
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			Ghange C
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			Change

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		ALLAHASSEF FLO	0.7/
			
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ective date, if other than th	e date of filing:	of filing or more than 90 days after filing.) Pursuant to 605.02	207.4
te: If the date inserted in this b	block does not meet the applicable st	atutory filing requirements, this date will not be listed	
cument's effective date on the I	Department of State's records.		
		effective time of 17:01 cm. or the continue	
he 90th day after the re		effective time, at 12:01 a.m. on the earlier	OI:
ed August 29	2017		
√	Signature of a bember or authorized r		
` - ^	12 0 1 1 1 1 1 1		

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Typed or printed name of signee

Filing Fee: \$25.00