UI7 0000 38679

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Motorcyck	es of Orlando, LLC		
	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
lease return all correspo	ondence concerning this matter	to the following:	
	Kenneth L. Paretti, Esquire	e	
		Name of Person	
	Quinton & Paretti, P.A.		
		Firm/Company	
	1 SE 3rd Avenue, Suite 14	05	
		Address	
	Miami, Florida 33131		
	kparetti@quintonparetti.cor	City/State and Zip Code	
		to be used for future annual report notifi	cation)
or further information o	oncerning this matter, please ca	all:	
Kenneth L. Paretti, Esqu	iire	305 358-2727 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
3 \$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 tadditional copy is enclosed

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

Motorcycles of Orlando, LLC			
(Name of the Limi	ted Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited I Florida document number L17000038679	iability Company wer	re filed on February 17, 2017	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability C	Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		_ 5 a _
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent: New Registered Office Address:	/or registered office	Esquire	THE THE PH 2: 13 r the name of the new
	Miami	, Florida	33131
New Registered Agent's Signature, if changing I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree to per and complete per istered agent as prov registered office lide change.	o act in this capacity. I further a formance of my duties, and I an ided for in Chapper 605, 1/S. O	gree to comply with the a familiar with and r, if this document is imited liability

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
AMBR	Motorcycle Management Concepts, LL-C	8509 Gunn Highway, Odessa, FL 3 3556	Add
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Effective	e date, if other than the date of filing: (opti-	onal) - filing.) Pursuant to 605.	• • • • • • • • • • • • • • • • • • • •
[If an effect Note: If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after f the date inserted in this block does not meet the applicable statutory filing requirements, thi	filing.) Pursuant to 605.	• 0207 (3) d as the
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