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(Requ	restor's Name)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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S. WARREN SEP 2 9 2017

COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kenneth L. Paretti, Esquir	e	
		Name of Person	
	Quinton & Paretti, P.A.		
		Firm/Company	
	1 SE 3rd Avenue, Suite 14	105	
Address			
	Miami, Florida 33131		
		City/State and Zip Code	
	kparetti@quintonparetti.co		
	E-mail address: (to be used for future annual report notifi	ication)
or further information c	oncerning this matter, please c	all:	
Kenneth L. Paretti, Esqu	ire	305 358-2727	
Name of Person			Telephone Number
Enclosed is a check for th	ne 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 (additional copy is enclosed
	INC ADDDECS	CTDFFT/C/AHMI	20 ADDDEGG

MAILING ADDRESS:

TO:

Registration Section

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 Mame of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	opears on our records.) ny)	
he Articles of Organization for this Limited I lorida document number <u>L17000038722</u>	iability Company were filed or	February 17, 2017	and assigned
nis amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited liability compan	<u>y here</u> :	
ne new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
iter new mailing address, if applicable:			
failing address MAY BE A POST OFFICE	<u></u>		
If amending the registered agent and	<u>-</u>	s on our records, enter	the name of the
gistered agent and/or the new registered o	office address here:		聖明日前
Name of New Registered Agent:	Kenneth L. Paretti, Esquire -	Quinton & Paretti, P.A.	Z8 R
New Registered Office Address:	1 SE 3rd Avenue, Suite 1405.	, Miami, Florida 33131	E. S.1 6. H 6:
	Enter	Florida street address	25 9
	Miami	Florida <u>³³</u>	13 7
	City		Zip Code
ew Registered Agent's Signature, if changing	•		Zip Code
ew Registered Agent's Signature, ii changing	registered Agent.		

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of A

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	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Motorcycle Management Concepts, LLC	8509 Gunn Highway, Odessa, FL 33556	
			□ Remove
			■ Change
			🗖 Add
			□ Remove
			Change
	<u>.</u> _		□ Add
			□ Remove
			Change
			Remove
			Change
			□ Add
			Remove
			SEP 28 3M
			FLORIDA STAD
			Change

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in effe ote:	date, if other than the date of filing:
rece The	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ited _	ptember 26 2017 = 1
	MALHALL BER
	Sentrure of a member or authorized representative of a member
	Kenneth L. Paretti, Esquire
	Kenneth L. Parettr. Esquire / Typed or printed name of signee ORDA 99