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ALLAHASSEE STAIR

JUL 1 9 2017

COVER LETTER

Division	on of Corpo	rations			
		IESEL PERFORMANCE LL	С		
SUBJECT: _		Name of Limit	ed Liability Company		-
The enclosed A	articles of An	nendment and fee(s) are subm	itted for filing.		
Please return al	l correspond	ence concerning this matter to	the following:		
		RICO ORTIZ			
			Name of Person		_
		RICO'S PROFESSIONAL S	SERVICES		
			Firm/Company		
		13901 SW 279TH LANE			
			Address		_
		HOMESTEAD, FL. 33032			
			City/State and Zip Code		_
		RICO@RICOSPRO.COM			_
		E-mail address: (to	be used for future annual rep	ort notification)	
For further info	rmation con	cerning this matter, please cal	l:		
RICO ORTIZ			786 97079 at ()		
	Name of Po	erson	Area Code	Daytime Telephone Numl	ж
Enclosed is a cl	heck for the f	following amount:			
■ \$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifi d) Certifi	Filing Fee. cate of Status & ed Copy nal copy is enclosed)

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

MAGNUM DIESEL PERFORMANCE LLC

(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our reco liability Company)	ords.)
ne Articles of Organization for this Limited I orida document number <u>L17000042813</u>	Liability Company	were filed on	and assigned
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited liab	ility company here:	
e new name must be distinguishable and contain the nter new principal offices address, if applications of the address MUST BE A STRE.	cable:	ity Company," the designation "LI	LC" or the abbreviation "L.L.C."
mega office dualess most be A STRE	<u>LI MININESSI</u>		203
iter new mailing address, if applicable:		160 ALI BABA AVE.	SVHY?
failing address MAY BE A POST OFFICE BOX)		OPALOCKA, FL. 33054	SEE.
			AM IT
If amending the registered agent and gistered agent and/or the new registered (ds, enter the name of the
Name of New Registered Agent:	RICO'\$ PROFE	ESSIONAL SERVICES LLC	
New Registered Office Address:	13901 SW 2797	TH LANE Enter Florida street addi	
	HOMESTEAD		
	110111101111110	,	Florida <u>33032</u>

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
AMBR	CLAUDIA M ROMERO	8004 SW 149 AVE	🗅 Add
		MIAMI, FL. 33193	■ Remove
			☐ Change
MGRM	DAVID DANIEL CASTILLO	763 NW 126 PL.	= Add
		MIAMI, FL. 33182	□ Remove
			□ Change
			Remove
			SSE Add SSE OF A ADD A A
			□ Add
			☐ Remove
			Change
			☐ Remove
			Change

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Filing Fee: \$25.00

Typed or printed name of signee