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K. SALY **
OCT -2 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Class I LUXUIY Motors LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
AVEL LAMOTHE Name of Person
CLASS L LUXURY MOTORS, LLC
5624 PLUNKETT ST Address
HOLLYWOOD FL 33023 Otty/State and Zip Code Class I VXV ry motors of mail. Com E-mail address: (to be used for future annual report polification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Bigsquare \text{\$\subsquare} \$\s

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

TO
ARTICLES OF ORGANIZATION
ARTICLES OF ORGANIZATION OF CLASS 1 KUXURY MCTORS, KC (Name of the Limited Liability Company as it now appears on our records.) (Name of the Limited Liability Company as it now appears on our records.)
101/SEF 20
CLASS I KUXURU MCTORS, KNC 1/2 1/2 36 36
(Name of the Limited Liability Corpusty as it now appears on our records.)
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{3/8/17}{}$ and assigned
Florida document number 1000053698 L17000053698
Horida document number CIVVEVIDE TO CIVOUS S 648
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
t. If amending hame, enter the new hame of the numbed habitity company here.
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Frincipul Office address MOST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX
Mutaling uturess IIIAT DE ATOST OFFICE BOAY
 If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
egistered agent and/or the new registered office address here:
Name of New Registered Agent:
Navy Payrictured Office Address:
New Registered Office Address: Enter Florida street address
, Florida

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.

Cin

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>	Name	Address	Type of Action
RESIDENT	AXEL LAMOTHE	440 N.W. 157th ST	Add
		HIMMI, FL 33169	™ Remove
			Change
MGR	AKEL LAMOTHE	440 N.W. 157 ST	⊠ ∧dd
		MIAMI, FL 33169	□ Remove
			Change
			Remove
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the second sec	us block does no	t meet the applic	able statutory filing	(option to than 90 days after requirements, this	filing.) Pursuant to 605.02	!07 (as I
the record specifies a del) The 90th day after the			ot an effective ti	me, at 12:01 a	.m. on the earlier	of:
Dated SCOTTINBER	26	2017	<u>-</u> ·			
	Sty	in the second se	orized representative	of a member		
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Page 3 of 3

Filing Fee: \$25.00