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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 12015000010: Phone : (941)625-1925 Fax Eumber : (941)625-1526

Enres the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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From Lindsay Swetavage 1.941.625.1526 Wed Jul 5 11:22:12 2017 MOT Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JP Superbikes Superstore LLC

(Name of the Limited Liability Compa (A Florida Limited	ny as it new appears on our records.) Jubility Compady)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L17000057472}{L17000057472}$.	were filed on 03/14/2017 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limsted Liabi	hty Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	789 Tamiam: Trail			
(Principal office address MUST BE A STREET ADDRESS)	Port Charlotte, FL 33953			
Enter new mailing address, if applicable:	789 Tamiami Trail			
(Mailing address MAY BE A POST OFFICE BOX)	Port Charlotte, FL 33953			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, enter the name of the new			
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
New Repistered Agent's Signature, if changing Registered Agents	· ·			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			

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

Title	Name	Address	Type of Action
MGR	Jovica Phylovic	19800 Veterans Blvd	
		Port Charlotte, FL 33954	☐ Remove
			☐ Change
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rated	July 5		2017	<u>.</u> .				
_		Signature of i	networ or au	thonized represe	ntative of a memi	per		
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