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TO:	Registration Se Division of Cor		*	· · · · · · · · · · · · · · · · · · ·			
~		MOTOR XTREME LLC					
SUBJE	CT:	Name of Limited Liability Company					
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing				
		ondence concerning this matter	•				
		HECTOR CORDERO					
			Name of Person				
		FLORIDA MOTOR XTR	ЕМЕ				
			Firm/Company				
		8317 NW 68 ST					
			Address				
		MIAML FL 33178					
			City/State and Zip Code				
		floridamotorextreme@gmai					
		E-mail address: (to be used for future annual report notif	leation)			
For furt	her information c	oncerning this matter, please c	all:				
ANTO	NIA ORTA		305 431-9077				
	Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclose	d is a check for th	ne following amount:					
■ \$2 5	.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			

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 OF

FLORIDA MOTOR XTREME LLC			
(Name of the Limited (A	Liability Compa Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company	were filed on 04/26/2017	and assigned
his amendment is submitted to amend the followi	ng:		
If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" atter new principal offices address, if applicable: ### STATEST ADDRESS ### STATEST ADDRES			
he new name must be distinguishable and contain the word	s "Limited Liabi	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicabl	e:		<u></u>
Principal office address MUST BE A STREET A	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) icles of Organization for this Limited Liability Company were filed on 04/26/2017 and assigned document number L17000092827 endment is submitted to amend the following: mending name, enter the new name of the limited liability company here: name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ew principal offices address, if applicable: sol office address MUST BE A STREET ADDRESS) 8317 NW 68 ST. MIAMI, FL 33166 231 PM 68 ST. MIAMI, FL 33166 241 PM 68 ST. MIAMI, FL 33166 252 PM 68 ST. MIAMI, FL 33166 253 PM 68 ST. MIAMI, FL 33166 254 PM 68 ST. MIAMI, FL 33166 255 PM 68 ST. MIAMI, FL 33166 256 PM 68 ST. MIAMI, FL 33166 257 PM 68 ST. MIAMI, FL 33166 258 PM 68 ST. MIAMI, FL 33166 259 PM 68 ST. MIAMI, FL 33166 250 PM 68 ST. MIAMI, FL 33166 251 PM 68 ST. MIAMI, FL 33166 252 PM 68 ST. MIAMI, FL 33166 253 PM 68 ST. MIAMI, FL 33166 254 PM 68 ST. MIAMI, FL 33166 255 PM 68 ST. MIAMI, FL 33166 256 PM 68 ST. MIAMI, FL 33166 257 PM 68 ST. MIAMI, FL 33166 258 PM 68 ST. MIAMI, FL 33166 259 PM 68 ST. MIAMI, FL 33166 250 PM 6		
			CT CT
Enter new mailing address, if applicable:			
• • •		8317 NW 68 ST, MIAMI, FL 33	ريد آ
			
egistered agent and/or the new registered office	e address her	<u>re</u> :	enter the name of the ne
Name of New Registered Agent:	ANTONIA OR	KTA	
New Registered Office Address:	10914 NW 33	ST	
		Enter Florida street address	
1	DORAL	Flor	ida ³³¹⁷²
-	_		Zip Code

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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	DAVID PALM	8317 NW 68 ST, MIAMI, FL 3316			
			■ Remove		
			Change		
			Add		
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Note: If the date	is listed, the date must inserted in this blo	ck does not:	meet the app	licable statui	tory filing r	man 90 days equirements	this date	will not be liste	ed as
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