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D. BRUCE MAY 12 2017

COVER LETTER

TO:		istration Sec sion of Corp					
CUDIE		MOTORCIT	ΓY GARAGE LLC				
SUBJE	CI:	··	Name of Lim	nited Liability Company			
The enc	losed	Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn	all correspor	ndence concerning this matter	to the following:			
			ETHEM K. GOKDENIZ				
				Name of Person			
			MOTORCITY GARAGE	LLC			
				Firm/Company			
			7238 ATLANTIC BLVD				
				Address			
	JACKSONVILLE, FLORIDA 32211						
				City/State and Zip Code			
			MOTORCITYGARAGE01				
			E-mail address: (to be used for future annual report notification)			
For furt	her in	formation co	ncerning this matter, please ca	all:	JAL Si	29	
ETHEN	ИК. (GOKDENIZ		479 414-9440 at ()	LAH	17 MA	
		Name of	Person	Area Code Daytime Telephone N	umbesze, F	7 11 7	
Enclose	d is a	check for the	e following amount:		107 21.5		O
\$25	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing I tificate of tified Cop litional copy	F éé! Status é sy	

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**

MOTORCITY GARAGE LLC

(A Florida Limited		2017		
The Articles of Organization for this Limited Liability Company	were filed on 05/01/	2017	and assigned	
Florida document number L17000096145				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	nation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:	7238 ATLANTIC E	BLVD		
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE,	FLORIDA 32211		
Enter new mailing address, if applicable:		TAL	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		LA		
		ASA		
		SEE.		
B. If amending the registered agent and/or registered of		r records, enterit	he mame of the nev	
registered agent and/or the new registered office address her	<u>'e</u> :	87	E O	
		3-17	න ව	
Name of New Registered Agent:			. :	
New Registered Office Address:			···	
	Enter Florida street address			
		Zip Code		
	City		Zip Coae	
New Registered Agent's Signature, if changing Registered Agent:	•			
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 p being filed to merely reflect a change in the registered office	performance of my provided for in Chap	duties, and I am fa pter 605, F.S. Or, ij	miliar with and f this document is	

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	STEPHANIE L. NOBLE	10557 Arendal Road	■ Add
		Jacksonville, Florida 32218	□ Remove
		***************************************	Change
·			
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			Change
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	<u></u>		ASSEE FLORIDA
			Change

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		05/	06/2017						
ffective date, if other than an effective date is listed, the date	the date of	filing:	t he prior to	date of filin	o or more tha	n 90 days aft	tional) er filing \ Pursu	iant to 605	0207
lote: If the date inserted in the locument's effective date on the	is block does	not meet th	e applicab	le statutory	filing requ	irements, th	nis date will no	ot be liste	ed as
e record specifies a dela The 90th day after the	ayed effect record is f	ive date, iled.	but not	an effect	ive time,	at 12:01	a.m. on th	ie earlie	er of
05/06		201	7						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00