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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

COVER LETTER

		istration Se sion of Cor				
511D 1FZ	·T.	THOMPSO	N MOTORS LLC			
SUBJEC	.1:		Name of Lim	ited Liability Con	ngany	· · ·
The encl	osed	Articles of	Amendment and fee(s) are sub	mitted for filing		
Please re	turn	all correspo	ndence concerning this matter	to the following	:	
			ERROL S THOMPSON			
				Name of P	erson	
			THOMPSON MOTORS L	LLC		
				Firm/Com	pany	
			2045 N W 141 STREET			
				Addres	s	
			OPA LOCKA, FL 33054			
				City/State and	Zip Code	
			GERTUDEMM@GMAIL.			
			E-mail address: (to be used for futu	re annual report noti	fication)
For furth	er in	formation co	oncerning this matter, please ca	all:		
ERROL	THO	OMPSON		786 at (218-6031	
		Name of	Person	Area (Code Daytim	e Telephone Number
Enclosed	l is a	check for th	e following amount:		ļ	
\$25,0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Fil Certified (additional		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:				STREET/COURI		
Registration Section Division of Corporations					Registration Section Division of Corpor	
P.O. Box 6327 Tallahassee, FL 32314				Clifton Building		
				266 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THOMPSON MOTORS LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited	iny as it now appear Liability Company)	s on our records.)	
		1		
The Articles of Organization for this Limited Li	ability Company	were filed on 05.		and assigned
Florida document number L17000097502	·	ļ		
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liah	oility company he	e <u>re</u> :	
N/A		1		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the d	esignation "LLC" or the a	abbreviation LLE
Enter new principal offices address, if application	able:	N/A		B F
•		NA		8 表示
(Principal office address MUST BE A STREE	T ADDRESS)	- 		
		N/A		moo
				17: 10:10:10:10:10:10:10:10:10:10:10:10:10:1
Enter new mailing address, if applicable:	NA		7	
(Mailing address MAY BE A POST OFFICE A	BOX)	NA		
		NA		
B. If amending the registered agent and/oregistered agent and/or the new registered of	•	1	our records, enter	the name of the new
Name of New Registered Agent:	ERROL S THO	OMP\$ON		
Name of New Registered Agent.				 _
New Registered Office Address:	2873 NW 2047			
		Enter Flor	rida street address	
	MIAMI GARE	DENS	Florida _ ³ :	3056
		Çiiy		Zip Code
New Registered Agent's Signature, if changing R	legistered Agent:	. [
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this d	er and complete stered agent as p egistered office	performance of provided for in C	my duties, and I am Chapter 605, F.S. Or	familiar with and , if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

<u>or removec</u>	from our records:		
MGR = . N AMBR = .	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ERROL S THOMPSON	2873 NW 204TH ST, Maria Car	
		Miani Gardens, 7	■ Add
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			Change
			Add
			□ Remove
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Effortive data if other than the d	N/A			(0)	ptional)		
Effective date, if other than the d f an effective date is listed, the date must l	oe specific and cannot	be prior to date	of filing or mo	re than 90 days a	ptionar <i>)</i> fter filing.) Pi	ursuant to 6	05.0207
Note: If the date inserted in this bloc	k does not meet the	applicable s	tatutory filing	requirements,	this date wi	ll not be li	sted as t
document's effective date on the Dep	bartment of State's r	ecoras.					
			.				
ne record specifies a delayed. The 90th day after the reco		ut not an	effective tir	me, at 12:0	1 a.m. on	the ear	lier of:
The John day after the recor	d is filed.						
JANUARY 31	2018	,					
Dated	 · 	·	_				
	01	-2/	1				
	ignature of a member	or authorized	representative o	f a member			
		-	Ţ				

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Filing Fee: \$25.00