## 117000108119

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## **COVER LETTER**

TO: Registration S Division of Co			
Driving F SUBJECT:	renzy Motors, LLC		
SCBJECT:	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Bernard Merisier		
	-	Name of Person	
	Driving Frenzy Motors, Ll.	.C	
	<del></del>	Firm/Company	
	106 W. Seneca Ave., Unit	32	
		Address	<del></del>
	Tampa, FL 33612		<u> </u>
		City/State and Zip Code	
	drivingfrenzymotors@gmai		
For further information	E-mail address: ( concerning this matter, please co	to be used for future annual report notifi all:	cation) SATE OF THE
Bernard Merisier	- ,	813 770-5498	FILE USE TERM
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 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

Driving Frenzy Motors, LLC		
(Name of the Limited Liabil (A Floric	lity Company as it now appears on our records.)  a Limited Liability Company)	
The Articles of Organization for this Limited Liability (	Company were filed on 5/16/2017	and assigned
Florida document number L17000108119	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		enter the name is
Name of New Registered Agent:		11.01
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Floric	ia 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	Bernard Merisier	106 W. Seneca Ave., Unit #32	■ Add
		Tampa, FL 33612	
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			□ Remove
			Change
		•	□ Remove
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	<del></del>		Add
		<del></del>	Remove
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ffective date, if other than the an effective date is listed, the date in	ie date of filing:		(optional)	T22 -
an effective date is listed, the date n	ust be specific and cannot be pr	ior to date of filing or mo	re than 00 days after filing.)	รับเรียกสิทุน to 605.02
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record specifies a delay	ed effective date, but i	not an effective tir	me. at 12:01 a.m. o	n the earliek
The 90th day after the re		not an endeave an	,,, de 12,01 d.,,,, d	
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10 un	246 111 DIN	lue		
<del></del> _	Signature of a member or au	ithorized representative of	of a member	

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Filing Fee: \$25.00