## 117000158196

(Request	or's Name)	
(Address)		
(Address)		
(City/Stat	e/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business	s Entity Name)	
(Docume	nt Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	

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S. WARREN 0CT 0 2 2017

## **COVER LETTER**

SUBJECT: Trac	tion Motor	5 L L C	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Mark Trba	Name of Person	
	Traction Mo-	Firm/Company	<del></del>
	220 2nd A	or South At H	<del></del>
	Jacksonville B	each FL 32 City/State and Zip Code	250
	Marktrboya E-mail address:	ench FL 32 City/State and Zip Code  DGMn: 1.00 M  To be used for future annual report notific	cation)
For further information con	ncerning this matter, please ca	all:	
Mark Tobov Name of	(Ch Person	at (404) 600- Area Code Daytime	82 1.5 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:

...

TO:

Registration Section Division of Corporations

> 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

Traction Mot	or 5 LL	ny as it now appears on our records.) inbility Company)				
	ability Company	were filed on $\sqrt{\frac{7}{2}}$ and assigned				
This amendment is submitted to amend the follo	wing:					
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company here:				
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		1834 Mayport Rd Atlantic Beach, FL 32233				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1834 Mayport Rd Atlantic Beach, FL 32233				
B. If amending the registered agent and/or the new registered off		Tice address on our records, enter the name of the new				
Name of New Registered Agent:						
New Registered Office Address:	1834 M	Payport Rd Enter Florida street address				
	Atlantia	Payport Rd Enter Florida street address  Beach, Florida 32233  Zip Code				
New Registered Agent's Signature, if changing R	egistered Agent:					
provisions of all statutes relative to the prope accept the obligations of my position as regis	r and complete tered agent as p egistered office hange.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability				
	If Char	iging 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> Name **Address Type of Action** 1834 Mayport Rd 32233 Atlantic Bch FL Mark Trbovich ☐ Remove Change ☐ Remove \_\_\_\_\_ Change □ Add ☐ Remove ☐ Change □ Add \_□ Remove \_ Change \_ Add ☐ Remove \_\_\_ Change

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Filing Fee: \$25.00