## K17000183404

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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DETRIBUTES

## **COVER LETTER**

TO:

	LC		
Л:	Name of Limited Liability Company		
osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
turn all correspo	ndence concerning this matter	to the following:	
	Travis Zollner		
		Name of Person	<del></del>
	Victory Automotive Group	)	
	<del></del>	Firm/Company	<del></del>
	46352 Michigan Avenue		
		Address	
	Canton, MI 48188		
		City/State and Zip Code	<del></del>
			10
ner information c		· ·	incation)
Collner		734 495-3500	
Name o	f Person	Area Code Daytin	ne Telephone Number
d is a check for th	ne following amount:		
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)
		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Cor	rporations
			Fallahassee oe Street, Suite 810
	MJCRE, LITE  osed Articles of turn all corresponder information colliner  Name of the filing fee Mailing Address Registration St. Division of C. P.O. Box 632	Name of Lim  Osed Articles of Amendment and fee(s) are substant all correspondence concerning this matter  Travis Zollner  Victory Automotive Group  46352 Michigan Avenue  Canton, MI 48188  Travis@vagmgt.com  E-mail address: ( one information concerning this matter, please cancer information concerning this matter, please cancer information concerning this matter.	Division of Corporations    MJCRE, LLC

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MJCRE, LLC		
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	<u>ppears on our records.)</u> any)
The Articles of Organization for this Limited I		August 28, 2017 and assigned
Florida document number L17000183404	·	
his amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name</u>	of the limited liability compa	ny here:
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE.	ET ADDRESS)	
	<del></del> -	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE		
withing mariess was be a rost of fice	<u></u>	
3. If amending the registered agent and/or	registered office address on a	our records, enter the name of the new regi
gent and/or the new registered office addre		<u> </u>
Name of New Registered Agent:	Michael Cappo	
New Registered Office Address:	8442 US HWY 19	
	Ente	er Florida street address
	Port Richey	, Florida 34668
	City	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>	<u>Address</u>	Type of Action
P	Michael Cappo	46352 Michigan Avenue	[]Add
		Canton, MI 48188	□Remove
			\BChange
MGR	Eric E Cappo	46352 Michigan Avenue	□Add
		Canton, MI 48188	
			□Change
			□Add
			□Remove
			Change
			□Add
			☐ Remove
			Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records.  ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.			
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Signature of a momber or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·	··	
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Filing Fee: \$25.00