117000202542

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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November 22, 2017

DIANE SCHAFFER 2232 CORAL REEF CT FT LAUDERDALE, FL 33312

SUBJECT: FLORIDA MOTOR COACH, LLC

Ref. Number: L17000202542

Your document is being returned as requested.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 317A00023733

Octavia L Simmons Regulatory Specialist II

COVER LETTER

TO: Registration Section Division of Corporations
Division of Corporations JECT: Florida RU SAJES Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: J. ANE J. SCHAFFER Name of Person 2232 COCAL Ref CH Firm/Company H. Maderdables Fl. 333/2 Address City/State and Zip Code JiANC & Florida Lyby Ventals. Com E-mail address: (to be used for future annual seport notification)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Diane J. Schaffer
Name of Person
2232 COTAL Reef Ct
·
Address Fl 33312
E-mail address: (to be used for future annual deport notification)
For further information concerning this matter, please call:
DiAM SchAffer at 954, 599-7114
Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount:
\$25.00 Filing Fee

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MOTOR COACH, LLC:	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on $9/29/2017$	and assigned
Florida document number <u>L1700020254</u>		₹ 9
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi		
Flor TdA R V The new name must be distinguishable and contain the words "Limit	SALES, LLC	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR		
	MULSERY, FL 33	. 60 wst 860
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	2232 COTAL Reef Fort LANderdAle	<u>C</u>
	Fort LANderdAle	FL 333/2
. If amending the registered agent and/or registered agent and/or the new registered office additional agent.		he name of the new
Name of New Registered Agent:	iAnc J. SchAffer	
New Registered Office Address:	2232 COTAL REEF CH Enter Florida street address	· -
Ft	LANderdAle Florida	33312
	City	Zip Code

¿ Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and upt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

11 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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
<u></u>			Add
			☐ Remove
			Change
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	١		Change
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	1 1		□ Remove □ □ Change □ □
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			□ Remove
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;	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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ecti	ve date, if other than the date of filing:	
eff <u>e:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	07 (as t
	ent's effective date on the Department of State's records.	
		_
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
ed	November 13, 2007.	
	Signature of a member or authorized representative of a member	
	Are I SCHAFfen	

Page 3 of 3

Filing Fee: \$25.00