LI7000207822

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PłCK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)	
tified Copies	Certificate	s of Status
pecial Instructions to Fi	iling Officer:	

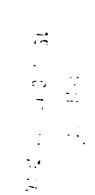
Office Use Only



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JAN 1 5 2020 S. YOUNG



COVERLETTER

Registration Section Division of Corporations

C/II	RING LLC		
		ited Liability Company	
osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
eturn all correspo	ndence concerning this matter	to the following:	
	OMARI TOLBERT		
		Name of Person	
		Firm/Company	
	4902 88ST		
		Address	
	TAMPA, FL 33619		
		City/State and Zip Code	
	omari0210@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
ner information c	oncerning this matter, please ca	all:	
Folbert		813 9512685 at ()	
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)	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

210 MOTORING LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
icles of Organization for this Limited Liability Company document number L17000207822	were filed on 10/09/2017	and assigned
endment is submitted to amend the following:		
nending name, enter the new name of the limited liab	ility company here:	
name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
new principal offices address, if applicable:	5553 West	WAters Au
pal office address MUST BE A STREET ADDRESS)	TAMPA F1.3	3634
new mailing address, if applicable:		
g address MAY BE A POST OFFICE BOX)		·
mending the registered agent and/or registered office and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter th	e name of the new register
New Registered Office Address:		
	Enter Florida street address	
· ·	Flori	daZin Code
	City	Zip Code
gistered Agent's Signature, if changing Registered Agent:		
y accept the appointment as registered agent and agrons of all statutes relative to the proper and complete the obligations of my position as registered agent as piled to merely reflect a change in the registered office my has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.3	I am familiar with and S. Or, if this document is
If Char	nging Registered Agent, Signature of N	ew Registered Agent

Name	<u>Address</u>	Type of Actio
OMARI TOLBERT	4902 88ST TAMPA FL 33619	□ Add
		□Remove
EDWIN CASTILLO	9602 PACES FERRY DR TAMPA FL 33615	■Add
		□Remove
		Change
		□Add
		□Remove
		Change
-		🗆 Add
		Remove
	<u>/</u>	Change
	· /	□Add
	<u> </u>	□Remove
		□Change
		🗆 Add
		□Remove
		□Change

