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	COVERLETTER
	tion Section
Division	of Corporations  Foreignua y Motors L C  Name of Limited Liability Company
The enclosed Art	cles of Amendment and fee(s) are submitted for filing.
Please return ali o	orrespondence concerning this matter to the following:
	Daniel Hampton Name of Person  Firm/Company  500 Horor of  Address  City/State and Rip Code  City/State and Rip Code  Champton 305 Ba Mar. Com  E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Danie	Name of Person at 305, 993-5496 Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:
\$25.00 Filing	Fee \$\sigma\$ \$30.00 Filing Fee & \$\sigma\$ \$55.00 Filing Fee & \$\sigma\$ \$60.00 Filing Fee,  Certificate of Status Certified Copy 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, PL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

18 SEP 27 AM 4: 07

	Foreign	42011	Motors		
			it now appears on our recorty Company)	rds.)	V()
The Articles of C Florida documen	Organization for this Limited Liabi	·	Int.	and as:	signed
This amendment	is submitted to amend the following	ng:	·		
A. If amending	name, enter the new name of th	e limited liability (	company here:		
		<del></del>		on the transfer	1.02
The new name must	be distinguishable and contain the words	s "Limited Liability Co	ompany," the designation "LL	.C" or the abbreviation "L	.L.C. *
• !	cipal offices address, if applicable				<del></del>
(Principal office	address MUST BE A STREET A	(DDRESS)			<del></del>
			·		
Enter new maili	ing address, if applicable:				
(Mailing address	S MAY BE A POST OFFICE BO	<u></u>			
	g the registered agent and/or and/or the new registered office		address on our recor	ds, enter the name	of the new
Name o	of New Registered Agent:	Domir	ique t	tamptor	)
New Ro	egistered Office Address:		Enter Florida street addi	ress	
	,		.1	florida	
	••		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 = Man: AMBR = Auth	ager iprized Member			
Title	Dominque Hompton	2325 Hamlet Cir. Lakeland, Fl. 3381	Type of Action	<u>!</u> -
			□ Remove	
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Effective date, if other than the date of filing:  (If an effective date is litted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (306)  Note: If the date inserted in this block does not meet the applicable straturory filing requirements, this date with not be listed as the document's effective date on the Department of State's records.  The 90th/day after the record is filed.  Dated  Of 4 18  Signature of a member or authorized representative of a member  Date of Hambor of State's authorized representative of a member  Wyped or printed assets of signes.  Page 3 of 3	If amending s	iny other information, enter change(s) here: (Attach additional sheets, if necessary.)
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