L17000233975

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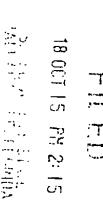
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TO:	Registration So Division of Cor			
SUBJEC		win Service and Repair LLC		
SUBJE	CI; <u></u>	Name of Lim	ated Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Michael Price		
		Price's VTwin Service and	Name of Person Repair	
		13422 Chambord St	Firm/Company	
		Brooksville, FL 34613	Address	
		mprice@pricesvtwin.com	City/State and Zip Code to be used for future annual report no	
For furtl	ner information c	eoncerning this matter, please co	·	uncation)
Michael	Price		352 701-6091 at ()	
	Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed	d is a check for t	he 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:
	MAIL	ING ADDRESS:	STREET/COUR	RIER ADDRESS:

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

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Price's VTwin Service and Repair LLC

(<u>Name of the Limite</u>	d Liability Compa A Florida Limited	iny as it now appears on our i Liability Company)	records.)	
The Articles of Organization for this Limited Lia Florida document number L17000233975	ibility Company	were filed on 11/11/17		_ and a
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the <u>limited liab</u>	ility company here:		
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbre	via lio n '
Enter new principal offices address, if applica	ible:	Michael Price	- 	33
(Principal office address MUST BE A STREE)		13422 Chambord St	` • •	
<u> </u>	<u></u>	Brooksville, FL 34613	•••	
Enter new mailing address, if applicable:		13422 Chambord St	6 - Q-2	PM 2: 1
(Mailing address MAY BE A POST OFFICE E	BOX)	Brooksville, FL 34613	17A F	ਾਹਾ
B. If amending the registered agent and/oregistered agent and/or the new registered off Name of New Registered Agent:	Ç,		cords, <u>enter th</u>	e nan
New Registered Office Address:	4032 Dristol A	ve		
		Enter Florida street i	address	
	Spring Hill		_, Florida <u>34609</u>	ı
		City		Zip Ce

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 coprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this a being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lia company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

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
MGR	Michael Price	13422 Chambord St	
		Brooksville, FL 34613	
			Remove
			Change
	Anna Hart	4032 Dristol Ave	
MGR			
		Spring Hill, FL 34609	
			Remove
			Change
			a change
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			- 3
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* 4°C	8/15/18	(antional)		
.Heci Lan et	tive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing or more	re than 90 days after filing.) P	ursuant to 60	05.0207
Note:	If the date inserted in this block does not meet the applicable statutory filing	requirements, this date wi	ll not be lis	sted as
docun	nent's effective date on the Department of State's records.			
0 50	cord specifies a delayed effective date, but not an effective tir	ne, at 12:01 a.m. on	the earl	lier of
	e 90th day after the record is filed.			
The				
The	-2001. 1a			
The	-2001. 1a	f a member		
The	Signature of a member or authorized representative of	f a member		

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Filing Fee: \$25.00