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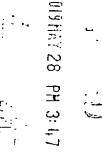


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## COVER LETTER

TO:	Registration Sec Division of Corp						
SUBJE	ect: BOWS	ONTON	MOTOR	ی ک	LLC		
			Name of Limited	d Liability	Company		
The en	closed Articles of A	mendment and fe	e(s) are submi	tted for f	l Ding. I		
Please	return all correspon	dence concerning	this matter to	the follow	 wing:		
		DR	VILLE		MURRIS	•	
				Namo	MOR RLS of Person		
		BE	NSONT	DN	MOTOR	5 1-1-6	_
				Firm	Company		<del>-</del>
		107	15 Sh	1 19	O Smitt	- #32	_
					ddress		
		MIAM	11 Fe	,33	157 and Zip Code 8		
		20.1.		City/State	and Zip Code	**	<u>.</u>
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For fur	ther information co	ncerning this mat	ter, piease caii:	;	٠ .	•	
	DRVILLE	MOR	eis	at (	305, 2	587 -	0789
	Name of	Person		P	rea Code      -	Daytime Telephor	ne Number /
Enclose	ed is a check for the	following amou	nt:				
□ <b>\$</b> 2:	5.00 Filing Fee	S30.00 Filing Certificate		Cert	O Filing Fee & fled Copy to enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

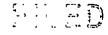
### MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT

# ARTICLES OF ORGANIZATION ÓΓ



THE NO VINEBIUS

	_	<u> </u>	2015 (1.1.1)	28 PM 3: 47
BENSONTI (Name of the Lim	ON MO	TORS L	LC.	
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now apper Liability Company)	ers on our records.)	
				2-12
The Articles of Organization for this Limited I	Liability Compan;	were filed on _	11/01/0	20/7 and assigned
Florida document number 117000	240065	-		
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lia	bility company h	iere:	
The new name must be distinguishable and contain the	words "Limited Liab	lity Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	rable.			
• •				
Principal office address MUST BE A STRE	<u>ET ADDKESS)</u>			
				···
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	BOX)	<del></del>		<u> </u>
B. If amending the registered agent and	l/or registered o	ffice address o	n our records, <u>ent</u> e	er the name of the nev
registered agent and/or the new registered of	office address he	<u>re</u> :		
Name of New Registered Agent:				<del>-</del>
N. D. Savad Office Address	10713	Sh1 190	STREET	#32 33/57
New Registered Office Address:		SW 190 Enter Flo	orida street address	
	MIA	m I	F71	23/57
	- 1117	City	Florida	Zip Code
New Registered Agent's Signature, if changing	Denistared Agent	•		
	•	Ì		
hereby accept the appointment as register				
provisions of all statutes relative to the pro accept the obligations of my position as reg				
being filed to merely reflect a change in the				
company has been notified in writing of this			-	-

If Changing Registered Agent, Signature of New Registered Agent

MGR = M AMBR = A	lanager Authorized Member		
<u> </u>	<u>Name</u>	Add ress	Type of Action
			Add
			☐ Remove
			Change
			Add
			□ Add
			Remove
<del></del>			Add
			□ Remove
			Change
			☐ Remove
			Change
<u></u>			Add
			□ Remove
			☐ Change

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to Note:  If the date inserted in this block does not meet the applicated document's effective date on the Department of State's records.	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(h ble statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not (b) The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:
Dated MAY 23 2019	·
Signature of a member or author	ized representative of a member
DRVILLE MOR	R/S Iname of signee

Page 3 of 3

Filing Fee: \$25.00