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COVER LETTER

TO: Registration Sect Division of Corpo			
empers Fa	ANK HOTORE	silC	
SUBJECT: TR	Name of Lin	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Elzbieta	Franh	
		Name of Person	
	Frounk Mos	tors LLC	
	1.1.112.	Firm/Company	
	3925 Ki	owa In	
		Address	
	ormond	beach FL 3217	
		City/State and Zip Code	2918
	ela 5610 g	uahoo. Com (to be used for future annual report noti	fication)
For further information con	cerning this matter, please c	all:	
Elabieta F	rank	_{at (} १३० ₎	- 9073 _ D
Name of I	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		fication) - 9073 e Telephone Number 5 5 60.00 Filing Fee,
□ \$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)

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 TO ARTICLES OF ORGANIZATION OF

Frank Moto		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability OF Florida document number	3 5 0	ember 27, 2017 and assigned
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		270
		2
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on ou dress here:	r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		.7
	Enter Florida	street address
		, 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 = Manager		
AMBR = Authorized Member		
AMIDIC - Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PETERJ FRANK SR	3925 Kiowa Iru	□ ∧dd
		Ormand Beach FL Bally	Remove
			Change
			D Add
			☐ Remove
			Change
			🗖 Add
			Remove
			Change Addl . 1 Remove
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Page 3 of 3

Filing Fee: \$25.00