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(Ř	Requestor's Name)
(A	address)
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(E	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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Office Use Only



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O SIMMONS AUG O J 2018

COVER LETTER

NAM MOTORS, LLC SUBJECT: __ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: NOOR MEMON Name of Person NAM MOTORS, LLC Firm/Company 807 SANFORD AVE Address SANFORD, FL 32771 City/State and Zip Code n.memon58@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NOOR MEMON 517.85.08 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

NAM MOT	ORS, LLC	
(Name of the Limited Liability Com (A Florida Limited	nany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Companies of Organization for this	ny were filed on03/03/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		五百万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万
Enter new mailing address, if applicable:		THE E
(Mailing address MAY BE A POST OFFICE BOX)		R. O. O.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	AHSANULLAH MEMON	807 SANFORD AVE	⊟ Add
		SANFORD, FL 32771	☐ Remove
			☐ Change
t			Remove
			Change
			GRemory Changer
			FLORIDA AMA
			☐ Change
· · ·			
			□ Remove
			☐ Change
			O Add
			□ Remove
			☐ Change

E. Effective date, if other than the date of filing: O7/23/2018 ((If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated July 23rd 2018 Signature of a member or authorized representative of a member		information, enter change(s) here: (Attach additional sheets, if necessary.)
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Dated		
+ Rev. Wint	July 23rd Dated	2018
Signature of a member or authorized representative of a member		+ Rue Dung
NOOR MEMON		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00