

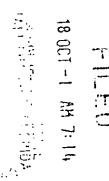
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## **COVER LETTER**

SUDJECT.	NAM !	MOTORS, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	indence concerning this matter	to the following:	
		NOOR MEMON	
		Name of Person	<del></del>
		NAM MOTORS, LLC	
	<del> </del>	Firm/Company	<del></del>
		807 SANFORD AVE	
		Address	
	Sz	ANFORD, FL 32771	
		City/State and Zip Code	
		URYS@G-ATAX.COM	
		to be used for future annual report notifi-	cation)
For further information c	oncerning this matter, please of	all:	
NOOR	MEMON	443 517.85.08	
Name o	f Person	at ()	Telephone Number
Enclosed 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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section
Division of Corporations

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 M	IOTORS, LLC	
( <u>Name of the Limited Liability C</u> (A Florida Lia	company as it now appears on our records, nited Liability Company)	3)
The Articles of Organization for this Limited Liability Com	pany were filed on03/30/2018	and assigned
lorida document number <u>L18000081393</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
Principal office address MUST BE A STREET ADDRES	<u> </u>	<del></del>
		$E_{i,r}$
		~. <b>&amp;</b>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
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		7 5
3. If amending the registered agent and/or register egistered agent and/or the new registered office addres		enter the name of the
Name of New Projectored Arrests		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	PI-	uld
<del></del>	, Flo	riαa 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	MUKESH KUMAR	807 SANFORD AVE	<b>=</b> Add
		SANFORD, FL 32771	□ Remove
			Change
			Add
			Remove
			Change
			LI-ADO II
			□ Remover:
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(Ifan o <u>Note</u>	tive date, if other than the date of filing:  [Tective date is listed, the date must be specific and cannot of the date inserted in this block does not meet the ment's effective date on the Department of State's respective.	applicable statutory filing requirements, this	filling.) Pursuant to 60	05.02 sted
	ecord specifies a delayed effective date, to end of the specifies a delayed effective date, to end of the specifies and specifies a delayed effective date.	out not an effective time, at 12:01 a	i.m. on the ear	lier
Date	September 20th 201			

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Filing Fee: \$25.00