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| (Reques | tor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | Certificates o | of Status |
| Special Instructions to Filing | Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: 67 Motors LLC 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: | | | | |
| Nancy Remos | | | | |
| G7 Motors LLC | | | | |
| 4625 E 10 Are. | | | | |
| Hallah, Fl 33 | | | | |
| City/State and Zip Code G MC+O/SLIC G GMQI COM E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Serson Cueto at 305, 497-114. Name of Person at Code Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \text{Certified Copy (additional copy is enclosed)} \Bigcup \text{Certified Copy (additional copy is enclosed)} \Bigcup \text{Certified Copy (additional copy is enclosed)} | | | | |

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

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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



| 67 Unto | rs ILC |
|--|--|
| (Name of the Limited Liabit | lity Company as it now appears on our records.) la Limited Liability Company) |
| The Articles of Organization for this Limited Liability Florida document number <u>L</u> 180000999 | 1 |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lin | nited liability company here: |
| The new name must be distinguishable and contain the words "Lit | mited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADD | RESS) |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ade | istered office address on our records, <u>enter the name of the new</u> dress here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | |
| - | , Florida |

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

| Title NGR | Name Nancy Ramos | <u>Address</u> 11870 SW 49ST | Type of Action MIAUI CL Add | 33175 |
|--------------|---------------------|---------------------------------|-------------------------------|------------------------------------|
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| | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effect Note: If | date, if other than the date of filing: |
| | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed. |
| Dated | 4 of Sept 2018 Record Parent Cotte |
| | Signature of a member or authorized representative of a member |
| | Gerson Cucto Nancy Ramos Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00