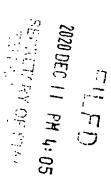
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(Requestor's Name)	
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(City/State/Zip/Phone #)	
(Business Entity Name)	i.
(Document Number)  Certified Copies Certificates of Status	
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JA. 1/22/21

## **COVER LETTER**

TO: Registration S Division of Co			
во мото			
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARJORIE COLAS		
	BQ MOTORS LLC	Name of Person	
	<del></del>	Firm/Company	<del> </del>
	5311 KUMQUAT LOOP		
		Address	
	WINDERMERE, FL 3478	36	
	bq1478@yahoo.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
Marjorie Colas		321 287-8340	
Name	of Person	at () Area Code Daytime	· Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addre</u>	<del>25</del> 5:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BQ MOTORS LLC		<u> </u>	<del></del>
( <u>Name of the Limited Lin</u> (A Flor	bility Company as it now appears on our recor rida Limited Liability Company)	<u>ds.</u> )	
The Articles of Organization for this Limited Liability  Torida document number			_ and assigned
his amendment is submitted to amend the following	;		
a. If amending name, enter the new name of the l	imited liability company here:		
he new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LL	C" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	2020 DEG
Principal office address MUST BE A STREET AD	DRESS)		<u> </u>
		'	
		Š.	P 17
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		;	05
3. If amending the registered agent and/or registe gent and/or the new registered office address here		r the name o	of the new reg
	_		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addre		
<del></del>	City, F	lorida	Ziv 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 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	JUNIOR PAULA	5311 KUMQUAT LOOP WINDERMERE, FL 34786	□Add
			<b>≅</b> Remove
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Effective date, if other than t fan effective date is listed, the date in Note: If the date inserted in this	nust be specific and canno	e applicable statutory fil		filing.) Pursuant to 605.0207 (
document s effective date on the				
e record specifies a delayed effected is filed.	tive date, but not an ef	ective time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day after the
e record specifies a delayed effec rd is filed. 11/23	tive date, but not an eff		n. on the earlier of: (b)	The 90th day after the
e record specifies a delayed effec rd is filed.	Januarie 202			The 90th day after the