118000129684

<u></u>		
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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N. CAUSSEAUX JUL 1 8 2018

COVER LETTER

TO	Registration Se Division of Cor			
ello III	Parker J M	lotors LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Wilner MArcelin 305-528	3-0452	
			Name of Person	
		Parker J Motors LLC		
			Firm Company	
		2207 Monaco Vista Dr #	201	
			Address	
		Tampa FI 33619		
			City/State and Zip Code	
		pjmotorsllc@gmail.com	to be used for future annual report notil	ication)
For furtl	her information c	oncerning this matter, please co		
Wilner	Marcelin		305 528-0452	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclose	d is a check for th	ne 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)
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURI Registration Sectio Division of Corpor	n

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/23/2	018 and assigned
Florida document number 118000129684	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designa	tion "E.I.C" or the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
		
Enter new mailing address, if applicable:		
• • •		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or regist	ered office address on our	
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regist	ered office address on our	
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or regist egistered agent and/or the new registered office addr	ered office address on our <u>ess here</u> :	records, enter the name of the
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or regist registered agent and/or the new registered office address of New Registered Agent:	ered office address on our	records, enter the name of the
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or regist registered agent and/or the new registered office address of New Registered Agent:	ered office address on our ess here: Enter Florida su	records, enter the name of the

Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	lyisha Graham	2207 Monaco Vista Dr Tampa fl	
			■ Remove
			Change
MGR	Wilner Marcelin	2207 Monaco Vista Dr. Tampa fi	Add
			□ Remove
			Change
			
			□ Remove
			Change
		-	Remove
			Change
			Remove
			Change
			Change

Effective	date, if other than the date of filing:	
If an effectiv Note: If the	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan he date inserted in this block does not meet the applicable statutory filing requirements, this date will not	n to 605.0 be lister
document	's effective date on the Department of State's records.	
the record The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the other lands are the record is filed.	earlie
Dated 07/	/12/2018 11:11 AM	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00