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# **COVER LETTER**

SUBJECT:	MKG AUTO SPO	RTLLC	
Monage 1.	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		MARCO J MACHUCA	
		Name of Person	<u> </u>
		MKG AUTO SPORT LLC	
	<del></del>	Firm/Company	
	1455 W	LANDSTREET RD, UNIT 419	
		Address	
		ORLANDO, FL 32824	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
MARCO J MACH	UCA	407 936-8604 at()	
Name	of Person		e 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:

TO:

**Registration Section Division of Corporations** 

> 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

FILED

MKG AUT	O SPORT LLC	ZUIUSEP IU PH 5: UI
(Name of the Limited Liability C	ompany as it now appears on our renited Liability Company)	cords.) SELFIL IARCH OF STATE
		TALLAHASSEE.FL
The Articles of Organization for this Limited Liability Com	pany were filed on 05/30/2018	and assigned
lorida document number L18000134212		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I 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:		
Principal office address MUST BE A STREET ADDRES		
Frincipul office address MOST BE A STREET ABDRESS		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register	ed office address on our rec	ords, enter the name of the
egistered agent and/or the new registered office addres	<u>s here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
New Negistered Office Address.	Enter Florida street ac	ddress
		D. 11
		, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LIRIO D RODRIGUEZ VAZQUEZ	1455 W LANDSTREET RD	
<del></del>	· • • • • • • • • • • • • • • • • • • •	UNIT 419	Add
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	AUGUST 31, 2017
ffectiv	e date, if other than the date of filing: (optional)
iote: li	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
e reco	rd specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $0$ th day after the record is filed.
ated _	SEPTEMBER 5 2018
	Signature of a member or authorized representative of a member
	MARCO J MACHUCA

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00