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(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

SURIFCT: ZER	08 MOTORS	PORTS	
	Name of Lim	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		<i>(</i>	
	LOGAN TA	NNER BAKER	
		Name of Person	
		MOTORS PORTS	LIC
		Firm/Company	
	2680 014	WELL RD.	
		MELL RD. Address	
	NAPLES, F	City/State and Zip Code	
		City/State and Zip Code	
	tanner@.	2ero8motor5po to be used for l'uture annual report notif	orts. com
	E-mail address: ()	to be used for future annual report notif	ication)
For further information con	cerning this matter, please ca	ıll;	
TANNER,	BAKER	at (<u>863)</u> <u>414-6</u> Area Code Daytime	5535
Name of P	erson	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)

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

RSPORTS LLC			
Company as it now appears on our mited Liability Company)	records.)		
ipany were filed on	and assigned		
d liability company here:			
LLC			
Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."		
<u></u>			
red office address on our r	ecords, enter the new		
Ensar Phyrida etraa	I mhrass		
Сиу	, Florida Zip Code		
	Impany as it now appears on our mited Liability Company) I liability company here: LLC Liability Company." the designation SS) ed office address on our resider: Enter Florida stree		

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

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day. Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) es after tiling.) Pursuant to 605.0207 (ts, this date will not be listed as th
he record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.	:01 a.m. on the earlier of:
Dated 6/12/18	
La L	
Signature of a member or authorized representative of a member	
Signature of a memory of automative representative of a memor	

Page 3 of 3

Filing Fee: \$25.00