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Special Instructions to F	iling Officer:	

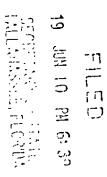
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: FIRS	ST KLASS MOTOR	coachille	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SchNEIde	er oreste	
		Name of Person	
	FIRST KLASS	Motor caach . LL	
		Firm/Company	
	1101 Mirand	A LN #131	
			
	KISSIMMEE, I	City/State and Zip Code OFK Molor coach; to be used for future annual report notifi	.
		City/State and Zip Code	
	SCHNEIDER C	I FK Molor coach.	r COM
	r-man address. y	to be used for future aminar report nour	(Carron)
For further information of	oncerning this matter, please ca	alt:	
schneider	oreste	at (855) 864-	0490
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)

MAILING ADDRESS:

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

FIRST KIASS MOTOR CO (Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company florida document number 418000159191.	were filed on <u>06/29/18</u>	Fand assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	Ility Company." the designation "LI.C" IIOI MIRANDA KISSIMMEE, FZ	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	1101 MIRANDA . Kissimmee, FL	LN, #13/ 34742
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
****	, Flor	rida
	City	Zip 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 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>	Name	Address	Type of Action
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			Change
			□ Add
			□ Remove
			Change
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effec	tive date is listed, the	date must be spe	cific and car	nnot be prior	r to date of f	iling or more	than 90 days a	fter filing.) Pur	suant to 605.020
imen 	the date inserted in a control of the control of th	on the Departm	ent of State	e's records	cable statut i.	ory ming re	quirements,	this date will	not be listed a
eco	rd specifies a c	delayed effe	ctive date	e, but no	ot an effe	ctive tim	e, at 12:0	1 a.m. on t	the earlier (
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Filing Fee: \$25.00