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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STOW MOTORS LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Saer Side Name of Person
Name of Person
STOLT MOTORS LLC
Firm/Company
224 DATURA STREAT STE 212
Address
West Palm Beach FL, 33401 City/State and Zip Code
Saulia staltmotors. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Saut Stolt Name of Person at (S61) 267 - 5368 Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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, F1. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STOLT MOTORS	LLC				
(Name of the Limit	ed Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records.)		
The Articles of Organization for this Limited L. Florida document number <u>L180001765</u>	iability Company v		_	_ and assi	gned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	1.0				
The new name must be distinguishable and contain the w	ords "Limited Liability	Company." the designation	"LLC" or the abbre	viation "L.L.	.C."
Enter new principal offices address, if applic	able: TADDRESS)	224 Datura. 375 212 West Palm Ber	st sch, FL, 3	3401	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)				201	
B. If amending the registered agent and/or the new registered of			ÇO.		The Thew
Name of New Registered Agent:	SOUTH FI	LORIDA FILING ON ST STE 2 Enter Florida street a	es he	<u></u>	J
New Registered Office Address:	224 Date	Enter Florida street a	ddress		
	west Palm	Beach	, Florida <u>734</u>	401 Zip Code	
and the second s					

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.

Jun. Tro-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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Remove
			Change
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ffective (date if other th	an the date of fil	ling:		(optional)
fan effectiv <u>Note:</u> If tl	ve date is listed, the c he date inserted in	date must be specific	and cannot be prior of meet the applica	to date of filing or more able statutory filing r	than 90 days after filing equirements, this date	g.) Pursuant to 605.0207
e record The 90	d specifies a d oth day after th	elayed effective ne record is file	e date, but no ed.	t an effective tin	ne, at 12:01 a.m.	on the earlier o
Dated #	4080S+G	two	, 2019	·		
						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00