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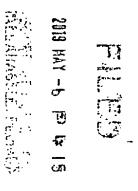
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SUBJECT: WEST	TON FINN & ASSOCIATES	3, P.L.L.C.	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
BUBLIECT: Westen Finn & Associates P.L.L.C. Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filting. Please return all correspondence concerning this matter to the following: Westen Finn Name of Person THE Mote Lawyer P.L.L.C. Frinn-Company 555 Prospect Ro. Address Orkeand Park FL 33354 Citystate and Zip Code Westernemonation concerning this matter, please call- Email address: (to be ased for future annual report notification) For further information concerning this matter, please call- Name of Person Area Code Daytine Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Enclosed is a check for the following amount: Certificate of Status Certificate of Status & Certificate Copy Cadditional copy is enclosed)			
Division of Corporations SUBJECT: Westen Finn & Associates, P.L. L. C. Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filting. Please return all correspondence concerning this matter to the following: Westen Finn Name of Person THE MOTO LAWYER, P.L. C. Finn Company 685 PROSPECT Ro. Address ORKLAND PARK FL 33339 Cuty/State and Zip Code WESTHEMOTOLAWYER COM E-mail address: (to be used for finure annual report notification) For further information concerning this matter, please call: WESTEN Finn Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Certificate of Status Certified Copy (Certified Copy (Ce			
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	OAKCHND PARK	·	
	WIEC/ASTINE MATTO		
	E-mail address: (to be used for future annual report noti	fication)
BUBLIECT: WESTON FINN & ASSOCIATES P. L. L. C. Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filting. Please return all correspondence concerning this matter to the following: WESTON FIRM Name of Person THE MOTO LAWYER P. L. L. C. Firm/Company 555 PROSPECT RD. Address ORKAND PARK FL 33359 City/State and Zip Code WESCOTHEMOTOLAWYER COM E-mail address: too be used for future annual report notification) For further information concerning this matter, please call: WESTON FIRM Name of Person Area Code Dayring Telephone Number Enclosed is a check for the following amount: Escalage Certificate of Status & Certificat Copy			
WERTON FINE		m (2AE) /16 - 22	<i>t-1</i>
	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

WESTON FINN & ASSOCIATES, P.L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 244 FAC-5 P & 15

	Liability Company) 2913 FAT -5 P 4 13
The Articles of Organization for this Limited Liability Company	were filed on 9/26/2018: and assigned
Florida document number <u>L18000209187</u> .	TANK MANAGEMENT CONTRACT
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
THE MOTO LAWYER P.L.L.C.	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	555 PROBPECT RD.
(Principal office address MUST BE A STREET ADDRESS)	OAKLAND PARK, FL 33309
Enter new mailing address, if applicable:	805 S.E. 32 Ave. #3001
(Mailing address MAY BE A POST OFFICE BOX)	FT. LAUDERDALE, FL 33316
registered agent and/or the new registered office address her Name of New Registered Agent:	<u>e</u> :
New Registered Office Address:	Enter Florida street address
	Florido
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
H Chai	nging 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
			□ Remove
			☐ Change
			☐ Remove
			Change
			☐ Remove
			□ Change
			Remove
			Change
			□ Add
			□ Remove
		 	Change
			Remove
			Fl Change

		
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fan eifeei <u>Note:</u> If	we date, if other than the date of filing:	to 605,0207 (e listed as t
ne reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ϵ 90th day after the record is filed.	earlier of:
Dated <u>N</u>	May 2 . 2019	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00