## 49000039136

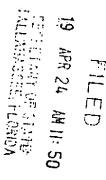
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

го:	Registration Se Division of Cor			
eud ie		MOTOR COMPANY LLC		
SUBJEC	<u>.                                </u>	Name of Limi	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Jose Cedano		
			Name of Person	
			Firm/Company	
		2988 Shannon Circle		
			Address	
		Palm Harbor, FL 34864		
			City/State and Zip Code	
		jose.cedano@phenommotor E-mail address: (0	is net to be used for future annual report notif	ication)
For furth	ner information o	concerning this matter, please co		
Jose Ce			646 305-0885	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclose	d is a check for t	he following amount:		
<b>\$2</b> 5.	.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 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHENOM MOTOR COMPANY LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000039136</u> .	were filed on 02/07/2019 and and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	8440 ULMERTON RD SUITE 524		
(Principal office address MUST BE A STREET ADDRESS)	LARGO, FL 33771		
<del>-</del>			
Enter new mailing address, if applicable:	8440 ULMERTON RD SUITE 524		
(Mailing address MAY BE A POST OFFICE BOX)	LARGO, FL 33771		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the nev		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	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>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			<b>ॐ</b> ⊒ Add
			Add  Remove
			Remove
			□ Add
			☐ Remove
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ffective date, if other an effective date is listed, to lote: If the date inserted ocument's effective date.	he date must be specific a I in this block does not	and cannot be prior to I meet the applicat			ling.) Pursuant to 605,0207
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	23rd	<u>2019</u>			
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Page 3 of 3

Filing Fee: \$25.00