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## **COVER LETTER**

то:	Registration Se Division of Cor			
C1:11 51 7		OTORS LLC		
SUBJEC	JI:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-		
riease re	aurn an correspo	NICLAS MANIGUA	to the following.	
		NICK'S MOTORS LLC	Name of Person	
		131 NW 16TH STREET UN	Firm/Company #IT 3	
		POMPANO BEACH FL 33	Address 060	
		NINGEAS:M@GMAIL.COM	City/State and Zip Code  \[ \begin{align*} a	62@GMail.com
For furth	ner information c	e-mail address: (i concerning this matter, please ca		(iteanon)
NICLAS	S MANIGUA		954 226 8260	
	Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclose	d is a check for the	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 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

NICK'S MOTORS LLC		
(Name of the Limit	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	·•
The Articles of Organization for this Limited Li	iability Company were filed on 2/12/2019	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the w	words "Limited Liability Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	/or registered office address on our records, enter the ffice address here:	name of the ne
-		
New Registered Office Address:	Enter Florida street address Florida	27 M
	City	ip Code
New Registered Agent's Signature, if changing I	Registered Agent:	0

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 Type of Action Address Title <u>Name</u> □ Add \_\_ □ Remove \_ 🗖 Add ☐ Remove ☐ Change 2019 FEBE27 MI II: 山 文 文 TAULAHASSEF, HLORIOP □ Remove ☐ Change \_□ Add \_□ Remove

\_□ Change

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	2/23/2019			92.7
ctive date, if other than the c	late of filing:		(optional)	)
effective date is listed, the date must : If the date inserted in this block ment's effective date on the Dep	he specific and cannot be prior ork does not meet the applic	able statutory filing r	than 90 days after filing	.) Pursuant to 605.0
ecord specifies a delayed e 90th day after the reco		ot an effective tim	e, at 12:01 a.m.	on the earlie
2/23/2019 d	·	······································		
<u>-</u>	NICAS L	1ANIGU orized representative of	A a member	
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Page 3 of 3

Filing Fee: \$25.00