L19000045521

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	: #)
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please i	return all correspondence concerning this matter to the following:
	Ben Dandino Name of Person
	Firm/Company
	16208 redington Dr Address
	Redington Dr Address Redington Beach FL 33708 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Ben Dawlino at (219) 7755576 Name of Person at (219) Daytime Telephone Number
Enclose	ed is a check for the following amount:
	.00 Filing Fee Solution Status

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

Gulf Coast Pool	Mintenance	
(Name of the Limited Liability	Company as it now appears imited Liability Company)	on our records.) 2218 JUN - 6 P 2: 10
The Articles of Organization for this Limited Liability Cor	mpany were filed on	2-25-19 and assigned
Florida document number <u>L 190000 45521</u>	·	TALLANDOSE ITA POLICI
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company her	<u>e</u> :
Motorskillz LLC		
Motors Killz LLC The new name must be distinguishable and contain the words "Limite	d Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16208	Redinaton Dr
(Principal office address MUST BE A STREET ADDRE	ss) Redingto	Redington Dr n Beach FL 33708
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	···-	
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
		. Florida
	City	. Florida 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

$\mathbf{AMBR} = \lambda$	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
***************************************			□ Add
			☐ Remove
			Change
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			□ Remove
			Change
			□ Add
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ctive date, if othe	r than the date of fili	ng:		(opt	ional)
effective date is listed.	r than the date of filing the date must be specific at the document of the third that the date must be specific at	nd cannot be prior to date of	of filing or mon	than 90 days after	er filing.) Pursuant to 605.0
	ite on the Department of		idiory ming	equirements, th	is date with not be usee
	a delayed effective		ffective tin	ne, at 12:01	a.m. on the earlie
ie 90th day afte	er the record is filed				
κ.4	21 1	2619			
d May	31st	2019			
	Par	\int	•		
	Signature of a	a member or authorized re	presentative of	a member	
	ρ	Typed or printed name	ino		

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Filing Fee: \$25.00