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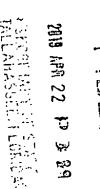
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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APR 3 0 2019 T. LEWIEUX

COVER LETTER

Division of Corp	orations		
RTM MOTO SUBJECT:			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	REGINAL M. MALDEN		
		Name of Person	
	RTM MOTORS LLC		
		Firm/Company	
	14421 LAKE JESSUP DR	IVE	
		Address	
	JACKSONVILLE, FLORI	DA 32258	
		City/State and Zip Code	
	RTMMOTORS@YAHOO.		
	E-mail address: (t	o be used for future annual report notifi	ication)
For further information con	ncerning this matter, please ca	all:	
REGINAL M. MALDEN		571 991-9146	
Name of	Person	at ()	Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 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:

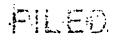
TO:

Registration Section

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.



RTM MOTORS LLC

2019 APR 22 P 3 29

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.)	
(A Florida Limited)	Liability Company) 7ALLAHASSES, FLORIDA	
The Articles of Organization for this Limited Liability Company	were filed on 02/25/2019 and assigned	
Florida document number L19000054602	_	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
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:		
Principal office address MUST BE A STREET ADDRESS)	2504 NORTH LAURA STREET, UNIT RI	
Trincipal office dadress most interest to the terminal	JACKSONVILLE, FLORIDA 32206	
Inter new mailing address, if applicable:		
• •	14421 LAKE JESSUP DRIVE	
Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FLORIDA 32258	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		
THE COLOR WAS A STATE OF THE ST		
New Registered Office Address:	Enton Planida atmost adduran	
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	Enter Florida street address , Florida City Zip Code	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TIMOTHY L. MALDEN	1433-4 ROMNEY STREET JACKSONVILLE, FL. 32211	Add
			■ Remove
		-	Change
			Remove
		Change	
		Remove	
	-	Change	
		D Add	
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		Change	
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		☐ Remove	
			☐ Change

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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Real Melles Signature of a member or authorized representative of a member
	Reginal M. Malden Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00