(Requestor's Name) (Address)	
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(City/State/Zip/Phone #)	
(Business Entity Name)	03/26/1301011014 •
(Document Number)	
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COVER LETTER



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

	то
ARTICLES	OF ORGANIZATION
	OF
Motor city Spor	ts Bar LLC
	Company as it now appears on our records.) inited Liability Company)
(A Florida f.	united Liability Company)
The Articles of Organization for this Limited Liability Cor	npany were filed on $06.28-2019$ and as
Florida document number <u>L19000169728</u>	
Fiorida document number <u>L1 JOQUE 1100</u>	
This amendment is submitted to amend the following:	
A If an address of the second s	
A. If amending name, <u>enter the new name of the limite</u>	d hability company here:
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "I.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	SS)
	<u> </u>
	2 2 2
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	
	red office address on our records, enter the name
registered agent and/or the new registered office addres	<u>ss here</u> :
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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doct being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabil company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Age

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name		<u>Type</u>
\underline{CEO}	Bruce Reynolds	5110 7th st	
	·	5110 Th st Zephychills FL 33542	.
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			 _□ R
			CF
		_ <u></u> .	
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(It an cl <u>Note:</u>	tive date, if other than the date of filing:(optional) ficctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nent's effective date on the Department of State's records.	int to (it be
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e ea
Date	Sentember 24th 2019	

Dated September 24", 2019	
Mark R. Mary	
Signature of a member or authorized representative of symember	
Mark R. Inzam	
Typed or printed name of signee	

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Filing Fee: \$25.00