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3

COVER LETTER

Registration Section Division of Corporations	
HECT: Motor Madness IIC Name of Limited Liability Company	<u> </u>
r, losed Articles of Amendment and $fec(s)$ are submitted for filling.	
a return all correspondence concerning this matter to the following.	
David Martes Name of Person	
Motor Madness 11c	
5806 Dawson St. Ste A	
Hallywad Fl 33033 City/State and Zip Code	
Into Motor - Madness Cam E-mail address: (to be used for future annual report notification)	<u> </u>
other information concerning this matter, please call:	
David Mautes at (954) 310-4600 Area Code Daytime Telephone	Number
used is a check for the following amount:	
Certificate of Status Certified Copy Contained and Copy (Status) Certified Cop	0.00 Filing Fee. ertificate of Status & ertified Copy ddittonal copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Liability Company)

	City	, Florida Zip Code
		, Florida
New Registered Office Address:	Enter Florida su	reet address
Name of New Registered Agent:		
I amending the registered agent and/or registered of and/or the new registered office address here:	ffice address on our record	ls, <u>enter the name of the new registere</u>
	·	
ling address MAY BE A POST OFFICE BOX)		
er new mailing address, if applicable:		
icipa office dairess 11031 DE 21311(21.1 ADDITE		
ncipal office address MUST BE A STREET ADDRES	(25)	
er new principal offices address, if applicable:		
ew name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
if amending name, enter the new name of the limited	l liability company here:	
· imendment is submitted to amend the following:		
da document number <u>11900020646</u> 7)	
Articles of Organization for this Limited Liability Comda document number 1966020646	pany were filed on68	16 2019 and assigned
(A Florida Lin		

Registered Agent's Signature, if changing Registered Agent:

why accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the stons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is gifted to merely reflect a change in the registered office address. I hereby confirm that the limited liability pany has been notified in writing of this change.

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added emoved from our records:

* IR = Manager .BR = Authorized Member

	<u>Name</u>	Address	Type of Action
	SSC Assurance Group INC	5806 Dawson St. Suite A Hollywood F1 33023	□Add
	GLOND INC	Hollywood F1 33023	Remove
***			_ □Add
			□Remove
			_ DChange
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