

L19000 200407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

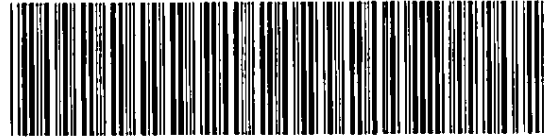
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MAY 18 2023

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2023 MAY 18 PM 12:31
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 MAY 18 PM 12:29

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COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Motor Madness Ilc
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following.

David Mautes
Name of Person

Motor Madness Ilc
Firm/Company

5806 Dawson St Suite A
Address 33023

Hollywood FL 33088
City/State and Zip Code

Info@Motor-Madness.com
E-mail address: (to be used for future annual report notification)

For other information concerning this matter, please call:

David Mautes at (954) 310-4600
Name of Person Area Code Daytime 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:
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

FILED
2023 MAY 18 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FL

Motor Madness llc

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

Articles of Organization for this Limited Liability Company were filed on 08/16/2019 and assigned
document number 119000206467

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

If new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

If amending the registered agent and/or registered office address on our records, enter the name of the new registered
agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

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
understand 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

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

MR = Manager

MBR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
---	SSC Assurance	5806 Dawson St, Suite A	<input type="checkbox"/> Add
---	Group INC	Hollywood Fl 33023	<input checked="" type="checkbox"/> Remove
---	_____	_____	<input type="checkbox"/> Change
---	_____	_____	<input type="checkbox"/> Add
---	_____	_____	<input type="checkbox"/> Remove
---	_____	_____	<input type="checkbox"/> Change
---	_____	_____	<input type="checkbox"/> Add
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