L19000206467

(Requestor's Name)
(Address)
(4.11
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L

Office Use Only



600407799306

05/01/23--01021--004 **25.00



1

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co				
	MADNESS LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are subt	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	DAVID			
		Name of Person		
	MOTOR MADNESS LLC			
		Firm/Company		
	5806 DAWSON STREET	STE A		
		Address		
	HOLLYWOOD	L 33023		
	INFO@MOTOR-MADNES			2023 HA
For further information	e-mail address: (i	to be used for future annual	report notification)	1
DAVID MAUTES		954- 31 at ()	10-4600	PH 3: Number 17 17 18
Name	of Person	Area Code	Daytime Telephone ?	Number 1 5 60
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 en	nclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Addr			Address: ration Section	
Registration Division of	Section Corporations	_	on of Corporations	
P.O. Box 63			entre of Tallahassee	e

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOTOR MADNESS LLC		_
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited Liability Company were filed o	n 08/16/2019 and	assigned
lorida document number L19000206467		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
he new name must be distinguishable and contain the words "Limited Liability 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)		
	23	<u></u>
		1 1
nter new mailing address, if applicable:	Ī	1 2 mg
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		ر بـــا
	[-]	•
3. If amending the registered agent and/or registered office address on a seent and/or the new registered office address here:	our records, enter the name of the	new registe
Name of New Registered Agent:		
New Registered Office Address: Ent	er Florida street address	
	Florida	
City	, Florida Zip Co	ode

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	SSC ASSURANCE GROUP INC	5806 DAWSON ST. Suite A	
		HOLLYWOOD, FL 33023	■ Remove
			☐ Change
			□Add
			☐Remove
			— □Add · · · · · · · · · · · · · · · · · ·
			Change
			Remove
			□Change
			DAdd
			Remove
			□Change
			□ Add
			Remove
			□Change

If amending any other info	rmation, enter ch	ange(s) nere.			• •		
							
 -							
					· · · ·		
		-	_				
<u> </u>			<u> </u>	<u>. </u>	 .		
			· -				
							
		<u></u>					
		<u></u>			-		
	_						
			 				
					<u>-</u>		
Effective date, if other tha (If an effective date is listed, the da Note: If the date inserted in t document's effective date on	his block does not r	neet the applicab	date of filing or mole statutory filing	ore than 90 days a requirements.	otional) fter filing.) Pursu this date will n	ant to 605 ot be list	i.0207 ed as
ne record specifies a delayed el	Tective date, but not	t an effective time	e, at 12:01 a.m. c	n the earlier of:	(b) The 90th		r the
ne record specifies a delayed el ord is filed.	Tective date, but not		e, at 12:01 a.m. c	n the earlier of	(b) The 90th		r the
ne record specifies a delayed en ord is filed.	Tective date, but not	2023	e, at 12:01 a.m. c	n the earlier of:	(b) The 90th		r the
re record specifies a delayed end is filed.	Tective date, but not		e, at 12:01 a.m. c	n the earlier of:	(b) The 90th		r the
ne record specifies a delayed el ord is filed.			.•		(b) The 90th	1-444 Edd	r the
ne record specifies a delayed en ord is filed.	Signature of a	, 2023	.•		(b) The 90th		er the

Filing Fee: \$25.00