## L19000252206

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

Office Use Only



800337298418

12/02/19--01017--001 \*\*25.00



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pro Line Suspensions, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) ipany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L19000252206	on 10/07/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp.	any here:
MotoFlo Suspension Service, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company	c" the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	3.7
B. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here:	ess on our records, enter the name of the
Name of New Registered Agent:	-
New Registered Office Address:	nter Florida street address
	<b>V</b> lorido
City	, Florida Zio 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 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</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			🗀 Add
			Remove
			Change
			🗆 Remove
			☐ Change
		<u></u>	
		·:	Remove
			☐ Change
			డు □ Add
			🗆 Remove
			🗆 Change
		<del></del>	□ Remove
			Change
			Add
			□ Remove
			D Change

	<u> </u>				
				-	
	- · <u>-</u> ····	<del>,</del>			<del></del>
	<del></del>		<del></del>		
				<del></del>	
		<del> </del>			
					19
,	<u>.</u>				
			<del>.</del>		
		<del></del>			. 5
ective date, if other than the effective date is listed, the date mu	date of filing:	and his makes to dista	of filing or more the	(optiona	l)
e: If the date inserted in this blument's effective date on the D	ock does not meet	the applicable st	atutory filing requ	irements, this da	te will not be listed
record specifies a delayed he 90th day after the rec		, but not an	effective time,	at 12:01 a.m	. on the earlier
November 14	20	019			
		<del>-</del>			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00