## L19000257355

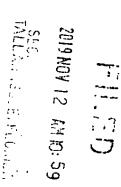
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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## **COVER LETTER**

TO:	Registration Sec Division of Corp		·= · · · ′	
SUBJE	EAS MOTO	DRS LLC		
		Name of Lim	ited Liability Company	
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		DEIVIDAS CERESKA		
		EAS MOTORS LLC	Name of Person	
		20 ROYAL PALM WAY	Firm/Company UNIT 204	
		BOCA RATON FL 33432	Address	
		EASMOTORS2019@GMA	City/State and Zip Code	
		<del>-</del>	to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
DEIVU	DAS CERESKA		561 727-2222 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
<b>■ \$2</b> 5	i.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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company v	vere filed on 10/14/19	and assigned
Florida document number L19000257355		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty 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)		
Enter new mailing address, if applicable:		.~
(Mailing address MAY BE A POST OFFICE BOX)		20
(Maining undress MAT BE A FOST OFFICE BOX)		2019 NOV
		2
B. If amending the registered agent and/or registered off		iter the name of the nev
registered agent and/or the new registered office address here	.,,	1
	<i>1</i> <sup>∞−</sup>	වූ <b>ට</b>
Name of New Registered Agent:	<u> </u>	59
New Registered Office Address:		
	Enter Florida street address	
	. Florid	a

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	DAVIDAS CERESKA		Add
		<del> </del>	■ Remove
	DEIVIDAS CERESKA		Change
MGR	——————————————————————————————————————		■ Add
		<del></del>	□ Remove
			☐ Change
		<del></del>	
		<del></del>	Remove
		<del></del>	Change
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		<del> </del>	☐ Change
		<del></del>	Add
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n effective date is listed, the date meter. If the date inserted in this	ne date of filing:	o date of filing or more than 90 day	optional) s after tiling.) Pursuant to 605.0207 s, this date will not be listed as
record specifies a delaye The 90th day after the re	ed effective date, but not ecord is filed.	an effective time, at 12:	01 a.m. on the earlier of
11/06 	2019		
(	Dogwood	Cososto	

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Typed or printed name of signee

Filing Fee: \$25.00