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DECENTED ATRICE TO ATRICE

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Amend

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## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations	
SUBJECT: P Motor Mich.  Same of Li	lle
Name of Li	imited Liability Company
The enclosed Articles of Amendment and fee(s) are st	abmitted for filing.
Please return all correspondence concerning this matte	er to the following:
_ Forre)	Name of erson
Trivest	Sysman, P.A.
7300 N 14	and ull by suit 4 To
Mwi	City/State and Zip Code  Special Code  City/State and Zip Code  Co
For further information concerning this matter, please	
Stevle States Name of Person	at (335) 661 8157 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 & ☐ \$60.00 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	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li		, ,
The Articles of Organization for this Limited Liability Company v	vere filed on 101-4111	and assigned
Torida document number L 19000267283		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ly Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		020
Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "LLC" or	
		271 MH 9: 15
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BON)		<u> </u>
3. If amending the registered agent and/or registered office a	ddress on our records, enter the	name of the new register
agent and/or the new registered office address here:		
M. CN. D. C. LA		
Name of New Registered Agent:	<del>.</del>	
New Registered Office Address:	Enter Florida street address	
· · ·		a Zintrodi
New Registered Agent's Signature, if changing Registered Agent:	City	rg) v rau
New Registered Agent's Signature, it changing Registered Agent:		

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

Title	<u>Name</u>	Address	Type of Action
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		Mini FL 33142	[ARemove
			[]Change
MGA	Nothing Puchelle	2901 NW 220-	[ <b>5</b> Add
		Mimi EL 33142	□Remove
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record spe is filed.	ecities a delayed	effective date.	but not an el	licetive time	e. at 12:01 a.m	on the earlie	r of: (b) - Ti	ne 90th day aft	er the
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	· · · · · · · · · · · · · · · ·	Signat	ur of monb	er or authoriz	red representati	ve of a member			

Filing Fee: \$25.00