#### Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121 Phone : (305)758-9001 Fax Number : (786)410-6035

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:\_

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOTOSURGE LLC

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Corporate Filing Menu

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Tallahassee, FL 32314

#### **COVER LETTER**

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	Registration Se Division of Cor					
erio ip <i>e</i> -	MOTOSURGE LLC					
SUBJEC	l;	Name of Lim	ited Liability Company		<del></del>	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	um all correspo	ndence concerning this matter	to the following:			
		SHARON PAREDES				
			Name of Person		····	
		DEALER CONSULTING SERVICES INC				
		Firm/Company				
		7537 NW 7TH AVE				
		Address				
		MIAMI, FL 33150				
			City/State and Zip Code		<del></del>	
		CORPORATIONS@DCS-NETWORK.COM				
		E-mail address: (	to be used for future annual	report notification)		
For furthe	er information c	oncerning this matter, please c	all:			
SHARO	N PAREDES		305 75	8-9001		
	Name o	f Person	Area Code	Daytime Telepho	ne Number	
Enclosed	is a check for the	he following amount:				
<b>\$25.</b> 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addre		Street A			
	Registration			ration Section on of Corporatio	me	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee				
		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

H20000025803

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOTOSURGE LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)			
he Articles of Organization for this Limited Liability Company were filed on November 20, 2019 and assigned lorida document number L19000277516				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3500 NW 2nd Ave Suite # 719			
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33431			
Enter new mailing address, if applicable:	3500 NW 2nd Ave Suite # 719			
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33431	2020 .		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registered		
Name of New Registered Agent:		- <del>374 2</del> 5		
New Registered Office Address:  Enter Florida street address				
	, Florida			
	City	Zip 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.

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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	Name	Address	Type of Action
MGR	DAN LEVITIN	3500 NW 2nd Ave Suite # 719	≘Add
		Boca Raton, FL 33431	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			☐ Change
			□Add
			□Remove

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D. If amending any other information, enter change(s) here: (Attach add	litional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing  Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3)( filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a record is filed.	.m. on the earlier of: (b) The 90th day after the
Dated January 03 2020	
Signalundol a number or authorized represent	ative of a member
Dan Levitin	

Typed or printed name of signer