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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/21ph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only



200351136932

08/27/20--01015--004 **25.00



OCT 10 2020

COVER LETTER

TO:

TO: Registration Section Division of Corporations						
SUBJECT: U.S.A. Motors Name o	of Defunal Springs UC of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) ar	e submitted for filing					
Please return all correspondence concerning this m	matter to the following.					
6	rant Kampa Name of Person					
	. Motors of Definial Springs LLC Firm/Company					
318 pe	7597 drive					
	rest view FL 32536					
E-mal addi	City/State and Zip Code and Kampa Dymail. Com ress: (to be used for future annual report notification)					
For further information concerning this matter, ple						
Grant Kampa	at (970) 70 3665 Area Code Daytime Telephone Number					
Name of Felson	Area Code Daytine Pelephone Number					
Enclosed is a check for the following amount:						
\$25.00 Filing Fee Solution See Solution State S30.00 Filing Fee Solution See See See See See See See See See Se						
Mailing Address: Registration Section	Street Address: Registration Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	The Centre of Tallahassee					
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Defuniak	Springs
ny as it now appears on ou Liability Company)	r records.)
were filed on $3/7$	25/20 and assigned
lity company here:	
ity Company," the designation	on "LLC" or the abbreviation "L.L.C."
	<u>.</u>
ddress on our records.	, enter the name of the new registered
Enter Florida stree	
City	, Florida Zip Code
i	ddress on our records.

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 Address Type of Action Title Name 318 peggy drive DANG MGR Grant Kampa Crestview FL 32536 Remove ______ □ Add _____ Change ______ □Add ____ Change

	No	ther information of the contraction of the contract	on, enter ch -	ange(s) he Par F	re: (Allac OF	in addition Trc	ai sneeis, if (M	necessary. PO1 V	rerou,
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in effect ote: If	tive date is lis the date ins	ther than the dited, the date must be erted in this block date on the Dep	e specific and o k does not m	cannot be price	or to date of icable statu	ZOZO filing or more story filing r	than 90 days	optional) after filing.) , this date w	Pursuant to 605.020 vill not be listed a
ecord s is filed		elayed effective o	late, but not a	m effective	time, at 12	:01 a.m. on	the earlier o	f: (b) The	90th day after the
	25 1	lugust (,)	rov L	<u>.</u>				
ited		•	~		all.				
ated		Si	gnature of a m	•	~	esentative of	a member		

Filing Fee: \$25.00