L20000181508

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COVER LETTER

TO: Registration Se Division of Cor	ction porations		
SUBJECT:	G MO tor	s 2LC	
. /	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Luis A	A 1Bino Name of Person	
		Firm/Company	
	725 Suns	et Cove by	
	Wither Ho	wen Fl 3388	0
	Landa Moto	Address Wen Fl 3388 City/State and Zip Code (S109 mail, Co to be used for future annual report notific	eation)
For further information e	oncerning this matter, please c		
Luis Ale	Sino	u 863 , 777 - 8	3000
Name o	i Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\square\$ \$\$560.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LBA Motors LL	
(Name of the Limited Liability Compan (A Florida Limited Li	. / /
The Articles of Organization for this Limited Liability Company velocida document number 42000 181508	were filed on $\frac{6/29/2020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity 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:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	3580 Recker Hwy. Winter Haven, FL 33880
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 name of the new registered</u>
Name of New Registered Agent: New Registered Office Address: 358	O Pecker Hwy. Enter Florida street address
winter	CHOVEO Florida 33880 Zip Code
Now Degistered Agent's Signature, if changing Registered Agent	<u>:</u>

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 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
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ALSO 30, 35	Charge H	le Register. Huy, Winte	es Agent 1 Haven	Name \$ A00, F1 33880
e: If the date inser	ner than the date of filing ed, the date must be specific and or rted in this block does not mo date on the Department of St	eet the applicable statutory	or more than 90 days at filing requirements.	i tional) der filing.) Pursuant to 605.02 his date will not be listed
ord specifies a del filed.	layed effective date, but not a	on effective time, at 12:01 a	.m. on the earlier of:	(b) The 90th day after th
ed ///2	27/2022 Signature of a m	ember or authorized represent	alive of a member	
	hui (Typed or printed name of sign		

Filing Fee: \$25.00