

L20000 199 677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

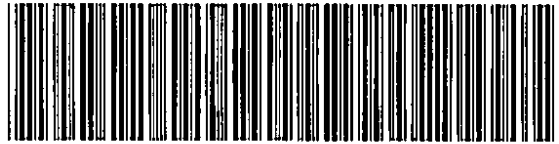
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF TEXAS
COMMISSION OF CORPORATIONS
FALL BRANCH OFFICE

2020 AUG -3 AM 7:11

FILED

SEP 23 2020
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Zaire Exclusive Motors LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wilner Belizaire

Name of Person

Zaire Exclusive Motors LLC

Firm/Company

290 NE 163RD ST

Address

NORTH MIAMI BEACH, FL 33162

City/State and Zip Code

wilnerbelizaire20@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SABINE BELIZAIRE

Name of Person

786 780-7649
at (_____) _____
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 & 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 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**

Zaire Exclusive Motors LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/13/2020 and assigned

Florida document number L20000199677

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

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.

If Changing Registered Agent, Signature of New Registered Agent

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2020 AUG - 3 AM 7:11
OFFICE OF THE CLERK
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	WILNER BELIZAIRE	290 NE 163RD ST, NORTH MIAMI BEACH, FL	<input checked="" type="checkbox"/> Add
		33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHRISTOPHER BELIZAIRE	290 NE 163RD ST, NORTH MIAMI BEACH, FL	<input checked="" type="checkbox"/> Add
		33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SABINE BELIZAIRE	290 NE 163RD ST, NORTH MIAMI BEACH, FL	<input type="checkbox"/> Add
		33162	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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