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COVER LETTER

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SUBJEC'	Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please ret	urn all correspo	endence concerning this matter	to the following:					
		Jeffrey Powell						
			Name of Person					
		Mad Max Motors Group						
			Firm/Company					
		444 Captains Circle						
	Address							
		Destin FL 32541						
		City/State and Zip Code throttlnback@cox.net						
	E-mail address: (to be used for future annual report notification)							
For furthe	er information c	oncerning this matter, please ca						
Jeffrey Po	owell		850 598-3036 at ()					
	Name o	f Person	Area Code Daytin	ne Telephone Number				
Enclosed	is a check for t	ne following amount:						
≅ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Ī	Mailing Addres Registration S	Section	<u>Street Address:</u> Registration So Division of Co					

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mad Max Motors Group (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 7/27/2020 Florida document number L20000220942 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address . Florida City

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 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
			□Remove
			Change
			□Add
			Remove
			Change
			Remove
			☐ Change
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			Remove
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add shareholder Cody Joe P	owell - 17	
add shareholder Tyler Max	Powell - 17	

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n effective date is listed, the date m	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	605,0207 (
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	we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
is filed.		
2/18	2020	
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Typed or printed name of signee