L20000 235,578

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:R	Name of Lin	DVS LLC nited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sco	t Marshall	
		Name of Person	
		Firm/Company	
	4108 8	SN 9th Ave	
		Address	
	- Cape got bee	Coval FL 3 City/State and Zip Code EMENS Egmans to be used for future annual report no	3914 Com
For further information or	oncerning this matter, please c		mication)
o immer information of	neering this matter, prease t	aii.	
	arshall	at (239) 89	6-0548
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
汉\$25.00 Filing Fec	☐ \$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

Kods & Pistons	<u>ll</u>	
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears of ted Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compa	any were filed on	8/S/ WW and assigned
Florida document number <u>L20000 23557B</u> .		,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here	;
The new name must be distinguishable and contain the words Limited L	iability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered offinagent and/or the new registered office address here:	ce address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida	street address
	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 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
AMBR	Scot Marghall	410B SW9th Ave	XAdd
		Cape Loral PL 33914	□Remove
			□Change
			□Add
			□Remove
			□Change
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listed, the date must be sp inserted in this block de	pecific and cannot be one one of the one of	be prior to date of i	filing or more than	90 days after file	ng.) Pursuant to 603	5.0207 (ted as t
a delayed effective date	, but not an effe	ctive time, at 12.	:01 a.m. on the e	earlier of: (b)	The 90th day afte	er the
st 3/						
Robert JA				moei		
	s listed, the date must be spinserted in this block dive date on the Departral adelayed effective date. Signa	f other than the date of filing: s listed, the date must be specific and cannot linserted in this block does not meet the tive date on the Department of State's read a delayed effective date, but not an efferment of State and Cannot line	f other than the date of filing: B/3 20 Slisted, the date must be specific and cannot be prior to date of inserted in this block does not meet the applicable statutive date on the Department of State's records. A	f other than the date of filing: B/3 W 20	f other than the date of filing:	f other than the date of filing: B/3 WW (optional)