## Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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From:

Ġ

Account Name : DESPACHANTE BRASILEIRO

Account Number : I20020000075

: (954)786-7180

Fax Number

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\*\*Enter the email address for this business entity to be used for future <u>...</u> annual report mailings. Enter only one email address please. \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ATS MOTORS LLC

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SEP 2 4 2020

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATS MOTORS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number L20000251506	were filed on 08/17/2020	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
inter new principal offices address, if applicable:	1190 SOUTH DIXIE HWY WEST	<u>:</u>
Principal office address MUST BE A STREET ADDRESS)	BAY2	.) .)
7 stroop us office and the stroop an	POMPANO BEACH, FL 33060	77
ater new mailing address, if applicable:		u
Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or registered office gent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the nan</u>	ne of the new registe
New Registered Office Address:		
	Enter Florida streat address	
	, Florida	2: ^ 1.
	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

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>	Name	Address	Type of Action
MGR	Adilson T Soares	3140 S. Ocean Dr. #1703	\equiv \equiv \text{Add}
		Hallandale Beach, FL 33060	□Remove
			Change
			□ Add
			☐ Remové
			Change
			□Add
			□ Remove
			□ Change
			□ Remove
		·	☐ Change
			□Add
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			□Add
			©Remove
			Change

(f amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than t	the date of filing:(optional)
(If an effective date is listed, the date (	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 is block does not meet the applicable statutory filing requirements, this date will not be listed as
ne record specifies a delayed effectord is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
September 23rd	2020
Dated	
-411	-62-11-11-
- Carlotte	Signature of a member or authorized representative of a member
	130 1
m 9086 FB -	1-BUST 1 STORES