## 120000 254 357

| (Requestor's Name)   |
|--|
| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number) |
| (Address)  |
| (City/State/Zip/Phone #)   |
| PICK-UP WAIT MAIL  |
| (Business Entity Name)   |
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## **COVER LETTER**

| CUD IE          |   | ORS LLC                          |  |  |  |
|-----------------|---|----------------------------------|--|--|--|
| SUBJEC          | ATV MOTORS LLC    Name of Limited Liability Company |                                  |  |  |  |
| The enclo       | osed Articles of                                    | Amendment and fee(s) are sub     | omitted for filing.                    | Address  Street Address: Registration Section Division of Corporations |  |
| Please re       | turn all correspo                                   | ondence concerning this matter   | to the following:                      |  |  |
|                 | Name of Limited Liability Company                   |                                  |  |  |  |
|                 |   |                                  | Name of Person                         | · · · · · · · · · · · · · · · · · · ·                                  |  |
|                 |   | L20000254357                     |  |  |  |
|                 |   | <del></del>                      | Firm/Company                           | <u> </u>   |  |
|                 |   | 5666 rodman str ste4             |  |  |  |
|                 |   |                                  | Address                                | <del> </del>   |  |
|                 |   | hollywood fl 33023               |  |  |  |
|                 |   |                                  | City/State and Zip Code                | <del></del>  |  |
|                 |   | atvmotorsllc@gmail.com           |  |  |  |
|                 |   | E-mail address: (                | to be used for future annual report no | otification)   |  |
| For furth       | er information o                                    | concerning this matter, please c | all:                                   |  |  |
| dmitri os       | ipenkov   |                                  |  |  |  |
|                 | Name o  | of Person                        |  | me Telephone Number  |  |
| Enclosed        | is a check for t                                    | he following amount:             |  |  |  |
| <b>≘</b> \$25.6 | 00 Filing Fee                                       |                                  | Certified Copy                         | Certificate of Status & Certified Copy                                 |  |
|                 |   |                                  |  | vation   |  |
| <del>-</del>    |   |                                  |  |  |  |
|                 |   |                                  | <u>-</u>                               |  |  |
| •               | Tallahassee,  | FL 32314                         | 2415 N. Monr                           | oe Street, Suite 810   |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ATV MOTORS LLC   |  |                              |
|--|--|------------------------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited   | iny as it now appears on our record<br>Liability Company)  | <u>s.</u> )                  |
| The Articles of Organization for this Limited Liability Company lorida document number L20000254357  | were filed on <u>08/18/2020</u>  | 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:  |                              |
| hand of the state  | No. Company Wiles designation #11 C  | Sauthanthanisian of 1.00     |
| , and the second | inty Company, the designation LLC  | of the aboreviation   L.L.C. |
| nter new principal offices address, if applicable:   |  | ~~                           |
| Principal office address MUST BE A STREET ADDRESS)   |  |                              |
|  |  | <del></del>                  |
|  |  | 1                            |
| Inter new mailing address, if applicable:  |  |                              |
| <u>Mailing address MAY BE A POST OFFICE BOX)</u>   | rig:  e limited liability company here:  s "Limited Liability Company," the designation "LLC" or the abbreviation "L.  e:  IDDRESS)  Stered office address on our records, enter the name of the new | <u>=</u>                     |
|  | <del></del>  | <del></del>                  |
|  |  | <b>~!</b>                    |
| 8. If amending the registered agent and/or registered office agent and/or the new registered office address here:  | address on our records, <u>enter t</u>   | the name of the new regis    |
| the state of the section of the section sectio |  |                              |
| Name of New Registered Agent:  |  |                              |
| Name Participand Office Address:   |  |                              |
| New Registered Office Address:   | Enter Florida street address   |                              |
|  | , Flo  | orida                        |
|  | 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> | <u>Name</u>      | <u>Address</u>                           | Type of Action   |
|--------------|------------------|--|--|
| mgr          | dmitri osipenkov | 5666 rodman str ste 4 hollywood fl 33023 | \exists Add  |
|              |                  | -  | □Remove  |
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| Effective date, if other than the date of filing:  [27]  [28]  [27]  [28]  [27]  [28]  [28]  [29]  [20 |             | <u> </u>   |                   |       |
|--|-------------|--|-------------------|-------|
| Effective date, if other than the date of filing:  [In 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.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  Trecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed.  Dated  O2/12/10  Abada  Abada  O3/12/10  Abada  O3/12/10  Abada  O4/12/10  Abada  O5/12/10  Abada  O6/15/10  O |             |  |                   |       |
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Filing Fee: \$25.00