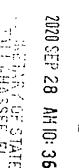
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COVER LETTER

10:	Division of Co		• .	
C1/D 1F	BC	SSTECH MOTORS OF D	UNEDIN, LLC	•
SUBJE	.CI;	Name of Lim	ited Liability Company	
The end	closed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		JASMIN	ADO HERCINOVIC	
			Name of Person	
		BOSSTE	CH MOTORS OF DUNED	IN, LLC
			Firm/Company	
		2618 6T	H COURT	
			Address	
PALM HARBOR, FL 34684				
City/State and Zip Code				
			HelfertyCPA.com	
		E-mail address: (to be used for future annual report not	dification)
For fur	ther information	concerning this matter, please c	all:	
J <i>A</i>	ASMIN ADO	HERCINOVIC	at (727) 687-712	
_	Name	of Person	Area Code Daytir	ne Telephone Number
Enclos	ed is a check for	the following amount:		
E \$2	5.00 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 Addr Registration		Street Address: Registration S	ection
	Division of	Corporations	Division of Co	orporations
	P.O. Box 63		The Centre of	
	Tallahassee	, FL 32314	Tallahassee, F	oe Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOSSTECH MOTORS OF DUN		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number 120000265825	were filed on08/26/202	0 and assigned
This amendment is submitted to amend the following:	····	
A. If amending name, enter the new name of the limited liabi BOSSTECH MOTORS OF PINELLA		
The new name must be distinguishable and contain the words "Limited Liabil		LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2618 6TH CT, PALM F	AARBOR, FL 34684
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a	address on our records, en	SEP 28 10 25 25 25 25 25 25 25 25 25 25 25 25 25
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
	City	, FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:	į.	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my dutie. provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

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
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Remove
			Change
			Add 2020 SE SE SE Change
			8 SEChange 10: 36
			□Remove
			☐ Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)		
	_	
	* 1	2020
	**************************************	<u></u>
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	re)	<u> </u>
C. Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pursuant t	to 605.0207 (3)(e listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b ecord is filed.) The 90th day	/ after the
Dated September 91, 2000. Signature of a rember or authorized representative of a member		_ -
JASMIN ADO HERCINOVIC		
Typed or printed name of signee		_

.

Filing Fee: \$25.00