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R. HUNT 05/03/23

COVER LETTER

	tegistration Se Division of Cor			
01101000		JTOMOTIVE PEDALS, LLC		
SUBJEC1	I:	Name of Lim	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	um all correspo	ondence concerning this matter	to the following:	
			N. CD	
			Name of Person	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
			Address	
			City/State and Zip Code	्राह
For furthe	r information c	E-mail address: (to be used for future annual report noti	fication)
	Name o	f Person	at () Area Code Daytim	e Telephone Number
			·	
Enclosed i	is a check for th	ne following amount:		
≡ \$ 25.0¢	0 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)
	lailing Addres		Street Address:	ation.
	Registration S Division of C		Registration Se Division of Cor	
	P.O. Box 632		The Centre of T	•
	Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil	ity Company as it now appears on our reco a Limited Liability Company)	rds.)
(A FIORD	a Limited Liability Company)	
The Articles of Organization for this Limited Liability (and assigned
Florida document number <u>L200</u> 02680L	02	
Torica document riaminer	 ·	F. ?
This amendment is submitted to amend the following:		· · · · · · · · · · · · · · · · · · ·
A. If amending name, enter the new name of the lim	nited liability company here:	
PLUSH PEDAL COVERS, LLC		1 () • • • • • • • • • • • • • • • • • •
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LI	LC" or the abbreviation L.L.C.
-	, , , ,	اين الله
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	7 N
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere	ed office address on our records, ente	er the name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		,
New Registered Office Address:	Enter Florida street addı	ress
	izmer i forma sir eer addr	
		Florida
	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MCD =	Manager	
MGK -	Manager	
AMDD -	= Authorized Member	
WiAIDK -	- Authorizeu Methoei	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
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Signature of a member or authorized representative of a member	