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(Requ	uestor's Name)	
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COVER LETTER

TO: Registration Sec Division of Corp	orations		
SUBJECT: Powe	r Sports Uni	imited LLC:	• " ————————————————————————————————————
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
		Name of Person Parts Unlimited Firm/Company	
	3237 Rive	Address	
	Dry tona I	Seach FL 3211 City/State and Zip Code ver 505-45 U. Com to be used for future annual report notif	ication)
For further information ec	oncerning this matter, please ca		
Coby Ita	ກ່ຽງຖ Person	at (37%) 240 Area Code Daytime	(0.356 : Telephone Number
Enclosed is a check for th	e following amount:		
XI \$25.00 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 Address	»:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

_ Power Sports U	nlimited LLC				
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appea a Limited Liability Company)	irs on our records.)			
The Articles of Organization for this Limited Liability C	Company were filed on _	12/04/20) 0:	and assi	gned
Florida document number <u>∠ 200∞ 379438</u>	<u>8</u>				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company h	<u>ere</u> :			
The new name must be distinguishable and contain the words "Lim	rited Liability Company," the	designation "LLC" or th	ne abbrevia	ارا: ارا: چنانا	<u>C.</u> "
Enter new principal offices address, if applicable:				(1
(Principal office address MUST BE A STREET ADDR	RESS)			=	, m
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			٠., ١	==	
Enter new mailing address, if applicable:					5.4
		 -		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			•		
		.			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our i	records, <u>enter the i</u>	name of t	the new	registered
Name of New Registered Agent:					
New Registered Office Address:					
·	Enter Flo	orida street address			
		Florida			
	City		Zi	o Code	
New Registered Agent's Signature, if changing Registered	d 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
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		Baytona Beach, FL 30118	□Remove
			□Change
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te: If the date	if other than the da is listed, the date must be e inserted in this block ctive date on the Depa	does not meet the a	pplicable statutory		(optional) ys after filing.) Pursua nts, this date will no	int to 605.020 it be listed as
ecord specific s filed.	s a delayed effective d	ate, but not an effect	ve time, at 12:01 c	i.m. on the earlier	r of: (b) The 90th (day after the
ed	21/21	·	,			
	loh	nature of a member or	authorized represen	tative of a member		
	•	Harison Typed or				
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