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10/18/21--01088--015 **25.00

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T. MATTHEWS

OCT 28 2021

COVER LETTER

TO: Registration Section Division of Corporation	•			•
SUBJECT: Mayy	s Motors	LLC	, ,	· .
		ited Liability Company	- · · · · · ·	
The enclosed Articles of Amendme	ent and fee(s) are sub	mitted for filing.		
Please return all correspondence ed	oncerning this matter	to the following:		
	Sydnie	T. MCCC Name of Person	lry	
	tam 2'yyah	Firm/Company	M C+T ,	otors
	315 Steni	dal Rd NW Address	<u> </u>	
<u>_P</u>	alm Bay	FL 379 City/State and Zip Code	<u></u>	
	SMCClary E-mail address:	97 Q yano	al report notification	n)
For further information concerning	this matter, please ca	all:		
Sydnie T. MCC Name of Person	lary	at (<u>321</u>) Area Code	698-63 Daytime Tele	phone Number
Enclosed is a check for the followi	ng amount:			
	0.00 Filing Fee & crtificate of Status	S55.00 Filing Fee Certified Copy (additional copy is e		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporati		Regist	Address: tration Section on of Corpora	

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

$\mathbf{O}_{\mathbf{i}}$	
	21 00T 19 PM 12: 23
(Name of the Limited Liability Compan (A Florida Limited L.	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 1/22/21 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	641 Clearlake Rd Unit 41
(Principal office address MUST BE A STREET ADDRESS)	CocogFL 32977
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 agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

, Florida _

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

21 00T 1= FILIZ: 23

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sydnie T. McClary	315 Stendal Rd NW Palm Bay, FL 32907	□ Add
		Palm Bay, FL 32907	□Remove
			\(\overline{
			□Add
			□Remove
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If an eff <u>Note:</u>	ve date, if other than the date of filing:
e recor	I 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 ed.
Dated	September 20th 2021
	Signature of a member or authorized representative of a member

. . . .

Filing Fee: \$25.00