(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 6/30/2021

850-245-6051

PRIORITY Regular Approval

OUR REF_# (Order_ID#) 931301

ORDER ENTITY_____ ROCKSTAR MOTORS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

ROCKSTAR MOTORS, LLC (FL)

File the attached amendment and provide a certified copy.

NOTES:

\$55.00 Authorized

Email address for annual report reminders: brysteele@me.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROCKSTAR MOTORS, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 01/22/2021	and assigned
Florida document number L21000043255		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited l	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
	_	
Enter new mailing address, if applicable:		
		.,
Mailing address MAY BE A POST OFFICE BOX)		
If amonding the projection described a second secon		<u> </u>
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	ice address on our records, enter the n	ame of the new regist
	į.	하 후 🗝
Name of New Parisons 2 Assets	 r	10 to 17
Name of New Registered Agent:		[F]
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	Cin:	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, 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
MGR	L'ESTRANGE, ALBERT	1591 Main St	□Add
		Dunedin, FL 34698	≣Remove
			□Change
			□ Add
			Remove
			☐ Change
			□ Remove
			□Change
			□Remove
			Change
			□Remove
			□Change
			
			□Remove
			□Change

_	
_	
_	
_	
_	
	
-	· · · · · · · · · · · · · · · · · · ·
ffective	ate, if other than the date of filing: (optional)
an effect lote: If	late, if other than the date of filing: (optional) e 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 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
record s	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	06/28/2021

Typed or printed name of signee