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COVER LETTER

Division of C	Section Corporations		
SUBJECT:	Troops Lu	x Motors	
SUBJECT:		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	- Aver	Name of Person	
	Joseph 1	Lux Motors Firm/Company	
	<u>1658 NE</u>	169 th 5t Address	
	North M	City/State and Zip Code	
	Over Consultation E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please c	all:	
Hean J	- Ozerh	at (305) 206 1694 Area Code Daytime Telephone Number	
Nan	ne of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	c ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is enclosed)	us &
P.O. Box 6	on Section f Corporations	Street Address: 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 OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number ______ 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _____, Florida ______ Zip Code City

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 21 0CT -6 PH 3: 00	Type of Action		
			□Add		
			□Remove		
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				Company	21 OCT -6 P	H 3: 00
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n effective ote: If the	date is listed, the date inserted	he date r l in this		d cannot be prior to date of filit meet the applicable statutor		iling.) Pursuant to 605.0207
ecord specis filed.	cifies a delaye	ed effec	ctive date, but no	t an effective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
ted	C tome (- 1		, <u>2021</u> .		
_			Signature of a	member or authorized represe	entative of a member	
			organical of a	memoer or additionate represe	anda to or a monitori	