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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| S 11D 157 | LUXURY | POWER SPORTS LLC | | | | | |
| ot/narx | <u></u> | Name of Lin | ned Liability Company | | | | |
| | | Amendment and fee(s) are sub- indence concerning this matter | | | | | |
| | | ALA II ALNKHLEII | | | | | |
| | | | Name of Person | _ | | | |
| | | LUXURY POWER SPOR | TS LLC | | | | |
| | | Frem Company 653 OLD HICKORY FOREST RD | | | | | |
| | | | | | | | |
| | Address | | | | | | |
| | | ST AUGUSTINE, FL 320 | ×4 | | | | |
| | | NAGDAY@AOL.COM | City'State and Zip Code | | | | |
| | | | to be used for future annual report notif | lication) | | | |
| For furtl | ner information e | oncerning this matter, please c | all: | | | | |
| ALA H | ALNKHLEH | | 904 6627203 at () | | | | |
| | Name o | f Person | at () Area Code Daytime | : Telephone Number | | | |
| Enclosed | d is a check for th | ne following amount: | | | | | |
| ≡ \$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) | | | |
| | N 22 - 11 | | Street Addrawa | | | | |

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

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

LUXURY POWER SPORTS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 11.2 Articles of Organization for this Limited Liability Company were filed on MAY 5TH 2021 and assigned 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 "LLC." 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) • If amending the registered agent and/or registered office address on our records, enter the name of the new registered ment and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

It 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 |
|--------------|-----------------|---------------------------|----------------|
| AMBR | ALA II ALNKHLEH | 653 OLD HICKORY FOREST RD | = Add |
| | | ST AUGUSTINE FL 32084 | □Remove |
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Page 2 of 3

| CHANGE THE STATUS FRO | M MGR TO AMBR | | | |
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| ctive date, if other than the offective date is listed, the date innst | nate of filing: | rior to date of filing or | (opti more than 90 days after | onal) -filing) Pursuant to 605.0 |
| If the date inserted in this blo ment's effective date on the De | ick does not meet the app | slicable statutory fili | ng requirements, thi | s date will not be listed |
| mear 8 circuive date on the De | partificiti of state 8 fecol | icie. | | |
| ecord specifies a delayed | affactive data, but | not an offoctive | time at 12·01 | am on the earlin |
| e 90th day after the reco | | not all ellective | time, at 12.01 c | on the came |
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Page 3 of 3

Filing Fee: \$25.00