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T. MATTHEWS

FEB 14 2022

COVER LETTER

	vision of Cor			
	IMN2DTA		•	
SUBJECT:	: <u>f </u>	Name of Lim	ited Liability Company	
The enclose	ed Articles of.	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		MICHAEL P. MAGEE		
			Name of Person	
		IMN2DTAYLZ, LLC dba	MAGEE'S GARAGE	
			Firm/Company	
		P.O. BOX 67		
			Address	· · · · · · · · · · · · · · · · · · ·
		DE LEON SPRINGS, FL	32130	
			City/State and Zip Code	
		mageesgarage	to be used for future annual report noti	fication)
For further	information co	oncerning this matter, please ca		,
MICHAEL	P. MAGEE		580 713-2016 at ()	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed 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)
	ailing Addres egistration S		Street Address: Registration Sec	ction
	_	orporations	Division of Cor	porations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

IMN2DTAYLZ, LLC

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(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Fronta Chinica i	ciaomity company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000263470	were filed on JUNE 07	2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	155 PONCE DELEON	BLVD
(Principal office address MUST BE A STREET ADDRESS)	DE LEON SPRINGS,	FL 32130
Enter new mailing address, if applicable:	P.O. BOX 67	
(Mailing address MAY BE A POST OFFICE BOX)	DE LEON SPRINGS,	FL 32130
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet address
		, Florida

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

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
			🗀 Add
			Remove
			☐ Change
			🗀 Remove
			Change
			□ Add
			□Remove
			Change
.			
			□ Remove
			☐ Change
			□Add
		□Remove	
			
			□ Remove
			□ Change

"MC	BILE MOTORCYCLE & POWERSPORT RECOVERY, REPAIR & REFURBISH SERVICES"	
	<u> </u>	
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effectiv <u>e:</u> If t	date, if other than the date of filing:	
ord sp filed.	ecifies 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 24 (ANUARY 2022	
	Signature of a member or authorized representative of a member	