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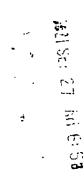
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## **COVER LETTER**

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eun iez		MOTORS LLC		
SUBJEC	· I :	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		ARTUR S. KAZIMIY		
			Name of Person	<del> </del>
		UPSHIFT MOTORS LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		1715 CORPORATE SQUA	ARE BLVD	
			Address	
		JACKSONVILLE, FLORI	DA 32216	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		UPSHIFTCARSALES@G!		
		E-mail address: (	to be used for future annual report not	ification)
For further	er information c	oncerning this matter, please c	all:	
ARTUR	S. KAZIMIY		904 994-8787	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	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)
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
	Division of C		Division of Co	
1	P.O. Box 632	7	The Centre of	Tallahassee
•	Tallahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION, 27 All 6: 58

**UPSHIFT MOTORS LLC** (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  $\frac{07/16/2021}{1}$ \_\_\_\_ and assigned Florida document number L21000325336 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: ARTUR S. KAZIMIY Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_

## 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.

City

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

Title	<u>Name</u>	Address 251 SE. 27 AM 6: 58	Type of Action
MGR	ARTUR S. KAZIMIY	768 GINGER MILL DRIVE	□Add
		ST. JOHNS, FL 32259	
			Change
			□ Add
			□Remove
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	. 09/20/2021		
ctive date, if other than the o	date of filing:	te of filing or more than 90 days all	i <b>onal)</b> er filing.) Pursuant to 605.02
${f z}$ If the date inserted in this blo	ck does not meet the applicable	statutory filing requirements, th	is date will not be listed
iment's effective date on the De	partment of State's records.		
	date, but not an effective time,	at 12:01 a.m. on the earlier of: (	b) The 90th day after the
filed.			
. 09/20	2021		
d			

Filing Fee: \$25.00

Typed or printed name of signee