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## **COVER LETTER**

Registration Section Division of Corporations

TO:

GRAND S SUBJECT:	PORT MOTORS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SENAIDA CANALES		
		Name of Person	
	ME N OZ BUSINESS SEI	RVICES LLC	
		Firm/Company	
	2330 FLORA AVE		
		Address	·
	FORT MYERS, FL 33907		
		City/State and Zip Code	<del> </del>
	grandmotorsport1@gmail.co	om	
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
SENAIDA CANALES		239 910-3393	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
<b>≘</b> \$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)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAND SPORT MOTORS LLC

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(Name of the Limi	ited Liability Company as it now appears on our (A Florida Limited Liability Company)	r records.)
	(A Florida Limited Liability Company)	ALLAHASSEE, FLORIDY
The Articles of Organization for this Limited L	iability Company were filed on 02/07/202	
Florida document number 1.21000516023		
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE	<u></u>	
D 16 1: 1: 1: 1: 1: 1: 1:	weeten a granda	
B. If amending the registered agent and/or or agent and/or the new registered office addresses		, enter the name of the new registe
Name of New Registered Agent:	JUAN RAMOS, AMBR	
New Registered Office Address:		
How Registered Office Hadress.	Enter Florida stree	t address
		, Florida
	City	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 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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	JUAN RAMOS	2335 CRYSTAL DR, FORT MYERS, FL 33907	🗏 Add
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		<del></del>	□Change
	<del></del>		□ Add
			□ Remove
			Change
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ective date, if other than the da	te of filing:		(optional)
effective date is listed, the date must be te: If the date inserted in this block	specific and cannot be prior to dat	e of filing or more than 90 da	ys after filing.) Pursuant to 605.0207
ument's effective date on the Depar		mutatory ming requiremen	ns, this date will not be listed as
cord specifies a delayed effective da	ate, but not an effective time, a	t 12:01 a.m. on the earlier	of: (b) The 90th day after the
s filed.			•
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ed MAY 05	, 2022		
ed MAY 05			
	mature of a member or authorized		

Typed or printed name of signee