## h22 000115267

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T. MATTHEWS JUN - 2 2022

## **COVER LETTER**

TO:	Registration Se Division of Cor				
CHD IT		Motors LLC	•		
SUBJE	Name of Limited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Johnnie Palmer			
			Name of Person	<del> </del>	
		My Town Motors LLC			
			Firm/Company		
		18580 E Colonial Dr Unit	505		
		Address			
		Orlando, FL 32820			
			City/State and Zip Code	<del></del>	
		johnniepalmer74@gmail.co	m to be used for future annual report notific		
For furth	ner information co	oncerning this matter, please ca	·	cation)	
Johnnie		one or manor, produce ex	586 224-0971		
	Name of	f Derron	at ()	Telephone Number	
	Name of	. 1 (13011	Area Code Daytine	retephone wunder	
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)	
	Mailing Address Registration S		Street Address: Registration Sect	ion	

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ON

LONGTARY OF STATE

ONVISION-OF CORPORATIONS

My Town Motors LLC

22 APR 20 PH 1: 39

(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 Compan	y were filed on 03/07/202	and assigned
Florida document number L22000115267		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		····
(Principal office address MUST BE A STREET ADDRESS)		
Francisco de alla constitución de caralles de la		
Enter new mailing address, if applicable:	<del></del>	
(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 register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
<del> </del>	City	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 eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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	Johnnie Pałmer	38945 Santa Barbara St	BAdd
		Clinton Twp MI 48036	□Remove
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			☐ Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			□Change
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			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
°an effecti <u>Note:</u> If t	date, if other than the date of filing:
record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	Signature of a member or authorized representative of a member
	Johnnie Palmer
	Typed or printed name of signee