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(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
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(Document Number)	_
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COVER LETTER

Division of Cor			
AMG POW	/ERSPORT & WATERCRAF	T LLC.	
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Avid A. Cruz Cedeño		
		Name of Person	
	AMG Power	Sport & Watercra	ft LLC.
	9815 SOMMERSET WIN	D DR APT 304	
	-	Address	
	RIVERVIEW, FL. 33578		
		City/State and Zip Code	
	maldonado_solutions@outl		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Avid A. Cruz Ceder	10	813 345-7874 at ()	
Name o	f Person	Area Code Daytime	· 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)
<u>Mailing Addres</u>	<u>S:</u>	Street Address:	

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF 2022 JUN - 3 PM 2: 53 PORT & WATERCRAFT LLC. SECIAL FARCY (Name of the Limited Liability Company as it now appears on our recorded LLAHASSEE, FL TO

AMG POWERSPORT & WATERCRAFT LLC.

The Articles of Organization for this Limited Florida document number 1.22000126524	Liability Company were filed	on 03/14/2022 and assigned
This amendment is submitted to amend the fo	Howing:	
A. If amending name, <u>enter the new name</u>	of the limited liability comp:	any 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 appl	icable:	-
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
		1900 2000 1000 1000 1000 1000 1000 1000
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	AVID A. CRUZ CEDEÑO	
New Registered Office Address:	9815 SOMMERSET WINI	·
	En	ter Florida street address
	RIVERVIEW	, Florida 33578
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Avid A. Cruz Cedeno	9815 SOMMERSET WIND DR APT. 304	
		RIVERVIEW, Ft., 33578	□Remove
			□Change
			🗂 Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
- 			□Add
			□Remove
			□ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
	2022 SEC.
<u> </u>	
	HAS THE
	SSEE 2: 53
	TAKE 53
(If an effectiv <u>Note:</u> If t	date, if other than the date of filing:
If the record sprecord 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
Dated	May 28 . 2022 . Signature of a member or authorized representative of a member
	AVID A. CRUZ CEDEÑO

Filing Fee: \$25.00

Typed or printed name of signee