

122000241893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

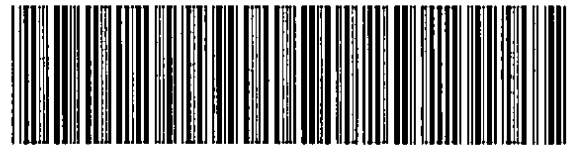
(Business Entity Name)

(Document Number)

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FILED
2022 JUN 15 AM 11:33
SEC. CLERK OF DIST. CLERK
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A+ Motorcycle Safety Training LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Moore

Name of Person

Cape Coral Accounting Service Inc

Firm/Company

3501-212 Del Prado Blvd South

Address

Cape Coral Florida 33904

City/State and Zip Code

lmoore@capecoralaccounting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Moore

239
at ()

542-2558

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

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

FILED

2022 JUN 15 AM 11:34

A+ Motorcycle Safety Training LLC

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

RECEIVED
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 05/24/2022 and assigned
Florida document number L22000241893.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A plus Motorcycle Safety Training LLC

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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

•

AMBR = Authorized Member

[illegible]

2022 JUN 15 AM 11:34
STATION 3121
TALAHASSEE, FL

FILED
2022 JUN 15 AM 11:34
ST. JOHN
TALLAHASSEE, FL

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