

L 22 000 431 647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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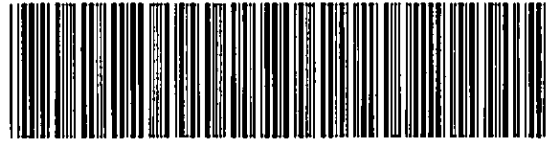
(Business Entity Name)

(Document Number)

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FILED
2022 OCT 14 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FL

1/9/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Motor City Mechanics
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:

Cody Reeves
Name of Person
Motor City Mechanics
Firm/Company
799 e 10th Ave
Address
New Smyrna Beach 32169
City/State and Zip Code
C.Reeves613@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cody Reeves at (586) 709 6874
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Motor City Mechanics LLC

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

2022 OCT 14 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/6/2022 and assigned
Florida document number L270000431647

This amendment is submitted to amend the following:

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

Motor City Mechanics

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)

799 e 10th Ave,
New Smyrna Beach, FL,
32169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

799 e 10th Ave
New Smyrna Beach, FL,
32169

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Cody Reeves	799 E 10 th Ave	<input checked="" type="checkbox"/> Add
		New Smyrna Beach FL	<input type="checkbox"/> Remove
		32169	<input type="checkbox"/> Change
Ambr	Chloe Pantera	799 E 10 th Ave	<input checked="" type="checkbox"/> Add
		New Smyrna Beach FL	<input type="checkbox"/> Remove
		32169	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative

Cody Reeves
Typed or printed name of signee