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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000043510 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 : (407)370-3686 Phone Fax Number : (407)370-3120

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: accountant @ larsenacc.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FULL POWER MOTORS LLC**

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FE3 J3 2023

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## **COVER LETTER**

TO: Registration Sec Division of Corp					
	ER MOTORS LLC				
SUBJECT:	SUBJECT:Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	CAROLINE LARSON				
		Name of Person			
	LARSON ACCOUNTING	GROUP			
		Firm/Company			
	7901 KINGSPOINTE PK	WY STE 17			
		Address			
	ORLANDO, FL 32819				
		City/State and Zip Code			
	ACCOUNTANT@LARSO  E-mail address: (	NACC.COM to be used for future annual report notifi	cation)		
For further information co	ncerning this matter, please c	all:			
DAVI DO VALE VASCO	DAVI DO VALE VASCONCELOS 407 223-0718				
Name of	Person	at ()	Telephone Number		
Enclosed is a check for the	e following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	S55.00 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 Division of Co	ection	Street Address: Registration Sec Division of Corp			

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FULL POWER MOTORS LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L23000007657		and ass	igned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	bbrevistion "L.	.L.C."	
Enter new principal offices address, if applicable:	3609 OLD WINTER GARDEN ROAD	UNIT CI		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32805			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	ie of the nev	2023	<u>stered</u>
Name of New Registered Agent:			 	
New Registered Office Address:		<del></del>	-2	<u>;                                    </u>
	Enter Florida street address		P	
	, Florida	Zip Code	<u>3</u> 10	_
New Registered Agent's Signature, if changing Registered Agent:		•	ب	
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further ag	ree to comp	oly wii	th the

provisions of all statutes relative to the proper and complete performance of my duties, and 1 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.

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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>	Name	Address	Type of Action	
		<del></del>	□Add	
			□Remove	
		<del></del>	☐ Change	
<del></del>			□Add	
			□ Remove	
			Change	
			DAdd	
			Remove	
			□Change	
			⊡Add	
		<del> </del>	□Remove	
			Change	
<del></del>			□Add	
			Remove	
			Change	
	<u></u>		□Add	
			□Remove	

☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE INCLUDE EIN FOR COMPANY: 92-1638922 E. Effective date, if other than the date of filing: (optional)
(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) \_ (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Dated \_\_ 2023 Signature of member or authorized representative of a member DAVI DO VALE VASCONCELOS Typed or printed name of signee

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Filing Fee: \$25.00