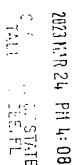
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

O: Registration Section Division of Corporations		
SUBJECT: Rhema Motors	WO	
	ted Liability Company	
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter t	o the following:	
Jasov	Name of Person	
Rhema	Motos UC Firm/Company	
2711 Cre	elk Side Dr. Address	Z023
Laxeland	FL 33811 City/State and Zip Code	2023 H.P.R. 21
Nemamoti E-mail address: (10	o be used foldature annual report notification)	PH 4: 08
For further information concerning this matter, please ca	II:	ਾ ਹੈਂ ਦਿ
Jasan Martinez Name of Person	at (LSG) 500-333 Area Code Daytime Telepho	ne Number
Enclosed is a check for the following amount:		
\$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	Street Address: Registration Section	
Division of Corporations	Division of Corporation	ns

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rhema Moto	xs UC		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on o a Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability C	· · · · · · · · · · · · · · · · · · ·	9 <b>6</b> -3033 and as	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designat	ion "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:		<del></del>	<del></del>
<u>Principal office address MUST BE A STREET ADDR</u>	RESS)	<del></del>	<del></del>
			78
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	+ <del></del>		=
			TO 4.1.
		~ 고전	النعة الم
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	s, <u>enter the name of the n</u>	<b>x</b> registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	vet address	<del></del>
		. Florida	
	City	Zip Code	1

## 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 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
Mar	Liceno Preciado	2011 Creek Side Dr.	□Add
		Lakeland FL 33811	Kemove
			□Change
MGR	Jayan Martiner	2211 Creek side Dr. Lakeland FL 3381	<b>X</b> Add
		Lakeland FL 3381	□Remove
		72 (2) (2)	Change
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ective date, if other than the date of f	filino·	(optional)	
reffective date is listed, the date must be specifi	ic and cannot be prior to date of filing or more than not meet the applicable statutory filing requi	90 days after filing.) Pursuant t	
cument's effective date on the Department		emens, and date with not of	e risted
ecord specifies a delayed effective date, but s filed.	it not an effective time, at 12:01 a.m. on the o	arlier of: (b) The 90th day	after th
ed March 20	. md3 .		
led to more to			2923
		<u> </u>	II.
			<b>—</b> -
Signature	of a member or authorized representative of a me	mber	<u>ত</u> ১
Jasan		mber	2023 HAD OL D

Filing Fee: \$25.00