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COVER LETTER

TO:

Tallahassee, FL 32314

Registration Section Division of Corporations
CT:
losed Articles of Amendment and fee(s) are submitted for filing.
eturn all correspondence concerning this matter to the following:
Dylan Galber Name of Person
Dylane Relformunce automotive LLCE 3 Firm/Company [CII7 Boynton Place Circle 25 28
- 1011 1 volvior place circle
BayMan Beuch FL 3343) City/State and Zip Code
E-mail address: (to be used for future annual teport notification) Dylyc Pe(Fulmanic Q gmail. Com her information concerning this matter, please call:
Name of Person at (S61) Area Code Daytime Telephone Number
ed is a check for the following amount:
5.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DYLNYE PERFORMANCE AUTOMOTIVE LLC
(Name of the Limited Liability Company as it now appears on our records.)

(<u>Name of the Limited Liability</u> : (A Florida L	Company as it now appears o imited Liability Company)	n our records.)		_	
The Articles of Organization for this Limited Liability Cor Florida document number <u>し込りいょうしい</u>	mpany were filed on	2/10/20	<u>) </u>	d assigne	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite			abbreviatio	 n "L.L.C.	D.
Enter new principal offices address, if applicable:		g			
(Principal office address MUST BE A STREET ADDRE	(SSS)			~	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			RETARY (-	It is
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our reco	ords, <u>enter the</u> na	ہے۔ ame ^r of the	Frew re	egistered
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida	ı street address			
		, Florida			
	City		Zip C	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 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>	Address	Type of Action
AMBR	Dylan B Garber	1011 Bounton Place Cir	CKNAdd
:		1011 Bounton Place Cir Boynton Beach FL	
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ffective date, if other than the date of filing:	(optional)	
ocument's effective date on the Department of State's records.	filing requirements, this date wi	Il not be listed
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record specifies a delayed effective date, but not an effective time, at 12:01 a lis filed.	.m. on the earlier of: (b) The 9	0th day after th
ated Mulch 315+ 2023.		
Signature of a member or authorized representa	ative of a member	
Signature of a member of author cell representa	acre or a memori	

Filing Fee: \$25.00