# L23000256591

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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#### **COVER LETTER**

Registration Section

TO:

Div	ision of Cor	porations						
0.1.0.11.00	MOTORCY	CLE LORDS LLC						
SUBJECT:		Name of Lim	ited Liability Company	,		_		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return	i all correspo	ndence concerning this matter	to the following:					
		Lucas Del Rocco						
			Name of Person	1		<del></del>		
							29	
			Firm/Company			<u>;</u>	33 4.	
		6330 Fordham Cir E					: 10	
			Address			38.5	0 -	£
		Jacksonville, FL 32217				E S	PH 1: 28	•
			City/State and Zip C	lode		TATI FL	l: 2‰	١
		lucas.delrocco@gmail.com	to be used for future an		· · · · · · · · · · · · · · · · · · ·	_ ITI	a	
For further in	nformation c	oncerning this matter, please c		пиат теропетия	ication)			
Lucas Del R	locco		904	426-9169				
	Name o	f Person	at ( Area Code	) Daytime	: Telephone Nun	iher	-	
Enclosed is a	a check for th	he following amount:						
□ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop (additional copy	у	Certit	) Filing Fo ficate of S fied Copy onal copy is	tatus &	I
Re	ailing Address	Section	Reg	et Address: gistration Sec				
	vision of C D. Box 632	Corporations 27		rision of Corp : Centre of T				
	llahassee, l				e Street. Suit	e 810		

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)			
were filed on 7/6/2023	and assigned		
bility company here:			
ility Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable: 1515 Northwood Drive, Unit 403			
St. Augustine, Florida 32086			
	· j		
1616 Mandagara J. Daire, Hais 402	5 T		
St. Augustine, Florida 32086	TOS _ U		
	<u>- 12                                   </u>		
address on our records, enter the	name of the new registe		
•			
Enter Florida street address			
, Florid			

#### 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Bobby H Cappers Jr.	116 ISTORIA DR	■Add
		SAINT AUGUSTINE 32095	Remove
			☐ Change
MGR	JASON M LORD	1259 BIG OAK RD	□Add
		GERMANTON, NC 27019	Remove
~			ANN DAW IT
			TIT Remove
			Change
			□Add
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			□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change

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		11/1/1									

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Typed or printed name of signee