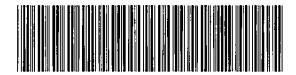
L2300037335

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

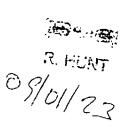
Office Use Only



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COVER LETTER

Division of C					
MCLAR	EN CARS_LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
	KHOLID BARAT				
		Name of Person			
	MCLAREN CARS_LLC				
	 	Firm/Company			,
	1251 BEACON POINT DE	RIVE APT 617		2023 SEP - 1 PM 12: 40	STRISTOR OF CONTORATION
		Address		Si Si	CH C
	JACKSONVILLE, FLORI	DA 32246		<u>'</u>	- T
		City/State and Zip Code		J Kd	1. CE
	MCLARENCARSLLC@GI E-mail address: (i	MAIL.COM to be used for future annual report notification.	fication)	?: Ļ (
For further information	n concerning this matter, please ca	ill:		_	F;
KHOLID BARAT		904 319-0628			
Nam	e of Person	at () Area Code Daytime	e Telephone Number		
Enclosed is a check fo	r the following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	S55.00 Filing Fee &	\$60.00 Filing Fee,		
= \$25.00 Filling Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Add Registratio		Street Address: Registration Sec	ction		
_	f Corporations	Division of Cor			
P.O. Box 6		The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCLAREN CARS_LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited l	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L Florida document number L23000373335	.iability Company	were filed on 08/08/2023	_ and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o	of the limited liab	ility company here:		
MCLAREN CARS, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applic	cable:	5555 FORT CAROLINE ROAD UNIT 5		·
(Principal office address MUST BE A STREI		JACKSONVILLE, FLORIDA 32277	2023	=======================================
			SE	HOUBING Province
				육
Enter new mailing address, if applicable:		1251 BEACON POINT DRIVE APT 617		
Mailing address MAY BE A POST OFFICE	BOX)	JACKSONVILLE, FLORIDA 32246	<u></u>	30
				
				
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, enter the name o	of the new regi	stered
Name of New Registered Agent:				
New Registered Office Address:	91 SENTOSA I	DRIVE APT 301		
		Enter Florida street address		
	SAINT JOHNS	, Florida ³²²⁵⁹)	
		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 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
MGR	KHOLID BARAT	1251 BEACON POINT DR APT 617	= Add
		JACKSONVILLE, FLORIDA 32246	□Remove
			□Change
			🗆 Add
			□ Remove
			☐ Change
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			□ Remaile SEIDER OF
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			2005 SEP OF CHRPORATIONS Remain SEP OF CHRPORATIONS Change Pull 2: 4 Over Change Cha
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			□Remove
			□Change
			□Ađd
			□Remove
			□Change

VLADYSLAV PLOTNYI	TO REMAIN AS MANAGER	
KHOLID BARAT WAS A	DDED AS MANAGER.	
FIRST NAME: KHOLID	LAST NAME: BARAT	
REMOVING _ IN THE B	JSINESS NAME.	
SHOULD READ: MCLA		
		2023 SEP
		PH 12:
-		
-		
te: If the date inserted in this	ust be specific and cannot be prior to date of filing or more than 90 day block does not meet the applicable statutory filing requirement Department of State's records.	(optional) ys after filing.) Pursuant to 605.02 nts, this date will not be listed to
ecord specifies a delayed effects filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier	r of: (b) The 90th day after th
ed	, 2023	
	Signature of a member or authorized representative of a member	
VLADYSLAV PLOT	//	
	Typed or printed name of signee	

Filing Fee: \$25.00