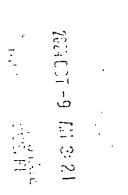
## L24000390616

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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor				
	MOTORS LLC			
SUBJECT:Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	SAMUEL KUMI			
		Name of Person	<del></del>	
	SEWELLE MOTORS LL	C		
		Firm/Company		
	1150 AIRPORT ROAD U	NIT 105		
		Address		
	DESTIN FL 32541			
		City/State and Zip Code		
	sewellemotors5@gmail.com	n to be used for future annual report notif	ication)	
For further information e	oncerning this matter, please c			
SAMUEL KUMI		+1 8504677891		
Name of Person		at () Area Code Daytime	: Telephone Number	
Enclosed is a check for t	ne following amount:			
□ \$25.00 Filing Fee	□ \$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 Division of Corporations		Street Address: Registration Sec Division of Corp		
P.O. Box 632	7	The Centre of Tallahassee		
Tallahassee, l	L 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEWELLE MOTORS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_09/06/2024 Florida document number L24000390616 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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>	<u>Address</u>	Type of Action
MGR AARON OSEI DARKO	NAA KORLE LINK		
	ACCRA, GA. 236-5621 GH	Remove	
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			□Change
		□Add	
			□Remove
	<u> </u>	□Change	
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		□ Add	
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	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the recor	d 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 led.
Dated	10/01/2024
	10/01/2024  Signature of a member of authorized representative of a member
	y digitality of a memory additionated representative of a memory
	Samuel Kumi

Typed or printed name of signee