

2/20/2020

Mar. 20, 2020 12:15 PM

FREEDOMTAX

Division of Corporations

No. 5289

P. 1

*190002300908*

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

*\* 2nd Attempt \**

From: Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.  
Account Number : I2018000068  
Phone : (407)344-1012  
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*First sent 2/20/2020*

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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2020 FEB 20 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VIRTUAL MOTOR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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2020 MAR 19 PM 8:41

*\* 2nd Attempt \**

Y. SULKER  
MAR 23 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIRTUAL MOTOR, 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 December 10, 2019 and assigned Florida document number L19000300908

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 "LLC" 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:

Ana Claudia Stine

New Registered Office Address:

Enter Florida street address

Florida

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.

Ana C Stine

If Changing Registered Agent, Signature of New Registered Agent

FILED 2020 FEB 20 AM 8:09 TALLAHASSEE FLORIDA

**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

MGRM = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	O Stanzola, Julio O	2332 Galiano Street	<input type="checkbox"/> Add
		2nd Floor	<input checked="" type="checkbox"/> Remove
		Coral Gables, FL 33134	<input type="checkbox"/> Change
MGRM	Stino, Ana Claudia	2332 Galiano Street	<input checked="" type="checkbox"/> Add
		2nd Floor	<input type="checkbox"/> Remove
		Coral Gables, FL 33134	<input type="checkbox"/> Change
MGRM	Mazariegos Ortega, Andrea A	2332 Galiano Street	<input checked="" type="checkbox"/> Add
		2nd Floor	<input type="checkbox"/> Remove
		Coral Gables, FL 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

