## 123000112555

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations				
Motorina LI	LC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Roberto J Forti				
		Name of Person			
	<del></del>	Firm/Company			
	1185 N W 126 St	, ,			
		Address			
	Miami Fl 33168			<del>-</del>	2023 A
		City/State and Zip Code			2023 APR 17
	E-mail address: (	to be used for future annual report notifi	cation)	. <del>-</del> ,	
For further information co	oncerning this matter, please ca	all:		. [1] <u>. [1]</u>	MH 9: 40
Katrina A Berkman		561 579-9060 at ()			04
Name of	f Person	Area Cixle Daytime	Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &	
Mailing Addres		Street Address:	<b>.</b> :		
Registration Section Division of Corporations		Registration Sec Division of Corr			
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

Motorina LLC		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.) )
The Articles of Organization for this Limited	Liability Company were filed on 1	March 3, 2023 and assigned
Florida document number 1.23000112555	<del></del> -	
This amendment is submitted to amend the following	llowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	282
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		9
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office address on our	records, enter the name of the new registe
-	·	
Name of New Registered Agent:	Maria Soledad Serritella	
New Registered Office Address:	1185 N W 126 St	
	Enter Fi	orida street address
	Miami	Florida 33168
	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 Changing Registered Agent, Signature of New Registered Agent

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	Roberto Forti	1185 N W 126ST	□Add
		Miami FL 33168	■Remove
			□ Change
AMBR —	Maria Soledad Serritella	1185 NW 126 ST	
		Miami Fl 33168	□Remove
		<del></del>	□Change
<del></del>			Add :
			Glange , 9
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n effective	date, if other than to date is listed, the date in this are date in this seffective date on the	must be specific and s block does not i e Department of S	d cannot be prior to meet the applicab State's records.	date of filing or mo le statutory filing	re than 90 days after requirements, th	er filing.) Pursuan nis date will not	be listed as
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