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SECRETARY OF SINIS

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COVER LETTER

	gistration Sec vision of Com			
SUBJECT:		door Design & Creation, LLC	- dba Motivo Outdoor - MGVL	. NEMOVAL
SOBJECT.	•		ted Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspon	ndence concerning this matter	to the following:	
		Richard Fava		
			Name of Person	
		Custom Outdoor Design &	Creation, LLC - Dba Motivo Outdo	oor
			Firm/Company	
		 	Address	
		Longwood / FL 32779		
		richard@motivooutdoor.cor	City/State and Zip Code n	
		E-mail address: ()	to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	all:	
Richard Fa	ava		407 454 1571 at ()	
	Name of	f Person	Area Code 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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF

CUSTOM OUTDOON MEXICU DE	•	
	npany as it now appears on our record led Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number <u>LIF0010065</u> .	any were filed on 5/5/17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
NA		
The new name must be distinguishable and contain the words "Limited Li		or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>NA</u>	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		<u> </u>
		-9 -9 -7,7,7
Enter new mailing address, if applicable:	NA	7 A A A A A A A A A A A A A A A A A A A
(Mailing address MAY BE A POST OFFICE BOX)		<u>ন্</u> ড ইট্
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address has been addressed agent.		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		<u>. </u>
	Enter Florida street addres	3
	 ```	orida
	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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>		<u>Name</u>		Address	Type of Action
MGR		ANTHONY J MARTOC	CIA		□ Add
				1008 VINSETTA CIRCLE	
₹ (),	EHONE	FUDH BUSIANS	OOLUMBUIS	WINTERGARDEN FL 34787	Remove
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Effective date, (If an effective date Note: If the date document's effective date document's effective date.	e is listed, the dat te inserted in th	e must be speci its block does	ific and cann s not meet t	the applicat	date of filing ole statutory	or more than filing requir	(option 90 days after fi ements, this d	ling.) Pursuant to	o 605.0207 (2 : listed as th
the record spe	ecifies a del	ayed effect	tive date,	, but not	an effecti	ve time, a	t 12:01 a.ı	m. on the e	arlier of:
The 90th d	ay after the	record is f	filed. /						
Dated	9/18	.	// · _	11/1	Nil.				
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