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COVER LETTER

TO: Registration Division of C	n Section Corporations			
	WELVE & AEGLA MOTORS LI	.c		
SUBJECT:	Name of Lim	ited Liability Company		
	s of Amendment and fee(s) are sub	_		
	GILVAM F DOS SANTO	S		
		Name of Person		3
	GFS TAX & ACCOUNTI			APR 30
	, , , , , , , , , , , , , , , , , , ,	Firm/Company		1 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	2001 W CYPRESS CREE	K RD STE 102B		Six T
		Address		Fig. W
	FT LAUDERDALE FL 33	309		高語 5
	INFO@GFSTAXACCT.CC	City/State and Zip Code		ŕ
	-	to be used for future annual report notif	ication)	
For further information	on concerning this matter, please c	all:		
GILVAM DOS SAN	TOS	954 9408322		
Nan	ne of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for	or the following amount:			
□ \$25.00 Filing Fee	e ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Reg	AILING ADDRESS: gistration Section vision of Corporations	STREET/COURI Registration Section Division of Corpora	n	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOX TWELVE & AEGLA MOTORS LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records nited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Com- Florida document number <u>L17000138263</u> .	pany were filed on 06/26/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	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:	<u></u>	Care Annual Control of the Control o
Principal office address MUST BE A STREET ADDRES	S)	200 assume 200 assume 200 assume
		S 0
		- 1- T
Enter new mailing address, if applicable:		ြည့်ရှိ မှ
Mailing address MAY BE A POST OFFICE BOX)		- N
Manual and Con Mar Bull 1 Con Of The Borry		
B. If amending the registered agent and/or registere egistered agent and/or the new registered office address		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Florida Sirect addiess	
	, Flo	rida Zip Code
	City.	гир Сыне

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>	<u>Address</u>	Type of Action
P	ALEXANDER HERNANDEZ	5290 NW 172 ST	
		OPA LOCKA FL 33055	Remove
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Signature of a member or authorized representative of a member			- CXAA	Tak T	

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Filing Fee: \$25.00