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COVER LETTER

	egistration Sectivision of Corp					
		VE & AEGLA MOTORS LL	С			
SUBJECT	:	Name of Limit	ted Liability Company			
The enclos	ed Articles of a	Amendment and fee(s) are subn	nitted for filing.			
Please retu	rn all correspoi	ndence concerning this matter t	o the following:			
		JULIANA DOS SANTOS				
			Name of Person			
		GFS TAX & ACCOUNTIN	NG SERVICES			
			Firm/Company			
	2001 W CYPRESS CREEK RD STE 102B					
			Address			
		FORT LAUDERDALE, FI	_ 33309			
			City/State and Zip Code			
		JULIANA@GFSTAXACC				
		E-mail address: (1	o be used for future annual report notific	ation)		
For further	information co	oncerning this matter, please ca	11:			
JULIANA DOS SANTOS		s	954 687-8952			
	Name of	Person	at () Area Code Daytime T	Celephone Number		
Enclosed is	s a check for th	e 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOX TWELVE & AEGLA MOTORS LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Florida document number <u>L17000138263</u>	y Company were filed on 06/26/2017	and assigned
Florida document number	·	
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or	the abbreviation "L.IC."
Enter new principal offices address, if applicable:		© \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(Principal office address MUST BE A STREET AD	IDPESS)	2 24
Trincipal office dadress POST BE A STREET AD		29
		AH SON
Enter new mailing address, if applicable:	address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX))	6
B. If amending the registered agent and/or re registered agent and/or the new registered office a	<u>-</u>	nter the name of the n
Name of New Registered Agent:		
Name of New Registered Agent:		
	Enter Florida street address	
Name of New Registered Agent:	Enter Florida street address Florid	ia

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = . Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Mf Group Services Holding Corp	165 BROADWAY	
		STE 2310#8	7.0
		NEW YORK, NY 10006	Change
AMBR	FELIPE R DE SOUZA	R JOAO BASTISTA DA SILVA I	= Add
		243/807	
		MACAE, RJ 27933-160 BR	Change
AMBR	GENTIL A DE ABREU JR.	3767 NW 50TH ST	■ Add
		MIAMI, FL 33142	□ Remove
			Change
			Add
			Remove
			Change
			Remove
			☐ Change
			☐ Add
			Remove
			Change

If amending any other informs					
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Effective date, if other than th	e date of filing:		(0	ptional)	
If an effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the I	olock does not meet the app	licable statutory	g or more than 90 days a filing requirements.	after filing.) Pursuar this date will not	it to 605,0207 be listed as
ne record specifies a delaye The 90th day after the re		not an effecti	ive time, at 12:0	01 a.m. on the	earlier of
Dated	2018				
<u> </u>		مشر :	W24		
4	Signature of a member or au	thorized represen	tative of a member	,	

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Typed or printed name of signee

Filing Fee: \$25.00