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COVER LETTER -

| TO: Registration Division of | n Section Corporations |
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| | lotors LLC |
| SUBJECT: | Name of Limited Liability Company |
| The enclosed Article | s of Amendment and fee(s) are submitted for filing. |
| Please return all corr | espondence concerning this matter to the following: |
| | Jennifer Berisha |
| | Name of Person |
| | Llapi Motors LLC |
| | Firm/Company |
| | 13124 US Hwy19 |
| | Address |
| | Hudson FL 34667 |
| | City/State and Zip Code |
| | JBerisha828@gmail.com E-mail address: (to be used for future annual report notification) |
| | |
| For further informat | ion concerning this matter, please call: |
| Jennifer Berisha | 727 871-5780 |
| N _i | at () une of Person Area Code Daytime Telephone Number |
| Enclosed is a check | for the following amount: |
| □ \$25.00 Filing Fe | ee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

| Llapi Motors LLC | | | | |
|---|---|---------------|------------------|----------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | pany as it now appears on our records.) d Liability Company) | | | |
| The Articles of Organization for this Limited Liability Comparison $\frac{L17000167421}{L17000167421}$. | ny were filed on | aı | nd assi | gned |
| Florida document number | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited li | ability company here: | | | |
| The new name must be distinguishable and contain the words "Limited Lia | ibility Company," the designation "LLC" o | the abbreviat | ion "L. I | C." |
| Enter new principal offices address, if applicable: | _ | | | |
| (Principal office address MUST BE A STREET ADDR <u>ESS)</u> | • | 注 . | -EB +EB | |
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| Enter new mailing address, if applicable: | | | | - : : |
| (Mailing address MAY BE A POST OFFICE BOX) | | | _ੜ_ | • • • |
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| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | | enter the n | ame_ | of the r |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Florida street address | | | |
| | , Flori | ida | | |
| - | Chy | | 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 |
|--------------|------------------|-------------------------------|--------------------|
| MGR | Jennifer Berisha | 13124 US Hwy19 Hudson FL 3466 | = Add |
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| ote: If the date inserted in | an the date of filing: date must be specific and cann this block does not meet to the Department of State | the applicable statutor | ng or more than 90 days afte | ional) r filing.) Pursuant to 605.020 is date will not be listed a |
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| | Signature of a memb | per or authorized represe | ntative of a member | * 0 4 |
| Jennifer Berisha | | | | 22 1 |
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Page 3 of 3

Filing Fee: \$25.00