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SECRETARY OF STATE TALLAHASSEE, FLORIDA

N COOPER MAR 1 9 2018

## COVER LETTER

TO:	Registration Se Division of Cor				
		Into	moto LLC		
SUBJ.	ECT:	Name of Lim	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			Alejandro Quinter	(1)	
			Name of Person		<del></del>
			Intomoto		
			Firm/Company		
			14 NE 1st Ave 10th Fl	OOF	
			Address		
			Miami, FL 33 32		
			City/State and Zip Coo		
info@intomoto com					
		E-mail address: (	to be used for future annu	al report notifica	ition)
For fu	rther information c	oncerning this matter, please ca	all:		
	Alejandro	o Quintero	954 at (	9408137	
	Name o	f Person	Area Code	Daytime T	elephone Number
Enclos	sed is a check for th	ne following amount:			
<b>■</b> \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy tadditional copy is		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations				ET/COURIER	R ADDRESS:
				ration Section on of Corporati	ons
	P.O. Be	ox 6327	Clifte	n Building	
	Tallaha	issee, FL 32314		Executive Cente assee, FL 3230	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Intomoto L	.4C			
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears buity Company)	on our records.)		
The Articles of Organization for this Limited Liability Company will address the Liability Company will be a company wil		02/06/2018	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company her	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liability	Company," the de-	signation "ELC" or the al	obreviation "L.L.C."	<del>-</del>
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				_ <u>~</u>
			IK AA 20	LAHA PRE IN
			<u>~</u>	ASS
Enter new mailing address, if applicable:				<u></u> <u></u>
Mailing address MAY BE A POST OFFICE BOX)				ں <del>آئ</del> ے۔ ج
				_5 <u>2</u>
B. If amending the registered agent and/or registered office endors here:  Name of New Registered Agent:	ce address on	our records, <u>enter</u>	the name of the	new
				_
New Registered Office Address:	Enter Florie	da street address		_
	Cir	Florida	Zip Code	_
New Registered Agent's Signature, if changing Registered Agent:	Ì		,	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of i ovided for in Ci	ny duties, and Lam hapter 605, F.S. Or	familiar with and , if this document i	

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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> Name Address Type of Action KEYTOSS LLC 1454 W Willow St MGR **■** Add Chicago, IL 60642 ☐ Remove \_□ Change Nelson Echeverry 14 NE 1st Ave. AMBR ■ Add 10th Floor ☐ Remove Miami , FL 33132 ☐ Change 14 NE 1st Ave. AMBR Michael Renaldo Add 10th Floor ☐ Remove Miami , FL 3\$132 □ Change □ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change

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ctive date, if other the effective date is listed, the determinant's effective date or ment's effective date or	date must be specific a this block does no	and cannot be prior to t meet the applical	ole stat <b>ę</b> tory filing	ore than 90 days afte	ional) r filing.) Pursuant to 60 is date will not be lis	)5,02 sted :
record specifies a d ne 90th day after th	elayed effective ne record is file	e date, but not d.	an effective t	me, at 12:01	a.m. on the earl	lier
d March	12*	2018	<u>.</u>	1		
	Signature of	a member-of author	ized réprésentative	of a member	<u>_</u>	

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Filing Fee: \$25.00