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COVER LETTER

TO:	Registration Section Division of Corporations			
end in	Name of Limited Liability Company			
SUDJI	Name of Limited Liability Company			
The en	closed Articles of Amendment and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Yosef Amuinz Name of Person			
	Name of Person			
	441 MOTORS, LLE			
	Firm/Company			
	19001 NW 2NO AVE			
	MIAMI GANDINS FC 33169 City/State and Zip Code			
	City/State and Zip Code			
	YASTORIA @ GMAIL. COM E-mail address: (to be used for future annual report notification)			
For fur	ther information concerning this matter, please call:			
	Vos. EF Amu Ac at (305) 321 - 8600 Name of Person Area Code Daytime Telephone Number			
	Name of Person Area Code Daytime Telephone Number			
Enclose	ed is a check for the following amount:			
□ \$2:	5.00 Filing Fee			

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

441 MOTORS LI		records)	
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	XXXXXXX	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900095863</u> .	were filed on 4/16/18	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L	.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			_ <u>₹</u>
			_ <u>55</u>
		129	유동
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		Z,	<u> </u>
			<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ecords, <u>enter the name o</u>	f the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	address	
		, Florida	
	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

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>N</u> ame	<u>Address</u>	Type of Action
MGR	FLAVIA AMUIAL	20976 HE 32 NO AUE	
		AVENTUMA, TE 33180	□ Remove
<u>M6R</u>	FLAVIA MARINELA	20870 NE 32m AVT	[X] Add
	BULCEA KMUINL	AVENTULA ITC 33180	
			□ Change
			☐ Remove
			Change
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le: If the date	other than the da listed, the date must be inserted in this block ive date on the Depa	does not meet	not be prior to the applicab	date of filing or ie statutory fil	more than 90 day ing requiremen	(optional) s after filing.) Purs ts, this date will t	uant to 605,0
he 90th day	fies a delayed e after the record	l is filed.			time, at 12	:01 a.m. on t	he earlie
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Page 3 of 3

Filing Fee: \$25.00