

LISCCO168921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

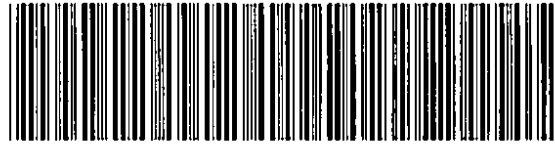
(Document Number)

Certified Copies _____

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100394368021

FILED
2022 SEP 13 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/13/22--01012--025 **25.00

2022 SEP 13 PM 3:39
TALLAHASSEE, FLORIDA

A. BUTLER

SEP 14 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOTA ENTERPRISES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edson Mota

Name of Person

Firm Company

2112 W Flora St

Address

Tampa, FL 33604

City/State and Zip Code

yamsley@yahoo.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Edson Mota

813 900-5450

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

MOTA ENTERPRISES LLC

2022 SEP 13 AM 10:52

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

(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FL
07/17/2018

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number 37-1904294.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Yani Fernandez

New Registered Office Address:

3956 W Hillsborough Ave

Enter Florida street address

Tampa

City

, Florida 33614

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

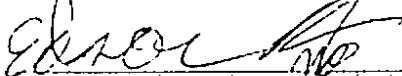
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Edson Mota	2112 W Flora St Tampa, FL 33604	☒ Add
			☒ Remove
			☐ Change
MGR	Edson Mota	2112 W Flora St Tampa, FL 33604	☒ Add
			☐ Remove
			☐ Change
Director	Vivian de Santana Verissima de <i>Paula</i>	3199 Bear Path Kissimmee, FL 34746	☒ Add
			☒ Remove
			☐ Change
MGR	Vivian de Santana Verissima de <i>Paula</i>	3199 Bear Path Kissimmee, FL 34746	☒ Add
			☐ Remove
			☐ Change
MGR	Lidia Castillo Hions	8531 Briar Grove Cir Tampa, FL 33615	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

Dated 09/13 2022.



Signature of a member or authorized representative of a member

Edson Neto

Typed or printed name of signee