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TALLAHASSEE, ELOREUS TASION DE CORFORATION 2023 NOV 27 PM 3: 5

A. PARISHANI JAN 2 2 2024

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JOI Motos WholeSale L. Name of Limited Liability Company	2023 NOV 27 PM 3: 53
The enclosed Articles of Amendment and fee(s) are submitted for filing.	ب م
Please return all correspondence concerning this matter to the following:	≖ဲ ယ္
Danny Simanok Name of Person	ာ သ
Joli Motos wholesale //c	
1807 SW 315t Ave	
Hallandale FL 33009	
2-blicars agmail-com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (954) 940 0013 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$30.00 Filing Fee \$\times \text{S55.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status (additional copy is enclosed) \$\times \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address:	

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

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

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 190021633 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: New Registered Office Address: Enter Florida street address . Florida

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.

City

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
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ffective date, if other than the date of filing: an effective date is fisted, the date must be specific and cannot be prior fote: If the date inserted in this block does not meet the applie ocument's effective date on the Department of State's records	able stabiliary filing requirements, this date will not be fier	5.0207 ted as
record specifies a delayed effective date, but not an effective till is filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
ated <u>01.22,24</u>	·	
	stized representative of a member	

Filing Fee: \$25.00