Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000306800 3)))



H220003068003ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: mrmotorsmiami@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MR. MOTORS MIAMI LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 SE: -6 FB 4: 52

09/06/2022 .16:28 From: 17184082550 To: 18506176383 Date Time 09/06/22 04:28PM Pages: 4 P: 2/4

(((H22000306800 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION \* **OF**

(7.110110	llity Company as it now appears on our records.) da Limited Liability Company)
he Articles of Organization for this Limited Liability	Company were filed on 02/12/2020 and assigned
orida document number L20000049741	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the lin	nited liability company here:
ne new name must be distinguishable and contain the words "En	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	RESS)
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or regi	istered office address on our records, enter the name of the
. If amending the registered agent and/or regi- gistered agent and/or the new registered office ade	istered office address on our records, <u>enter the name of the dress here</u> :
gistered agent and/or the new registered office add	istered office address on our records, <u>enter the name of the</u> <u>dress here</u> :
. If amending the registered agent and/or registered agent and/or the new registered office ade	istered office address on our records, enter the name of the dress here:
gistered agent and/or the new registered office add	dress here:
egistered agent and/or the new registered office add	istered office address on our records, enter the name of the dress here:  Enter Florida street address
egistered agent and/or the new registered office add	dress here:

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.

	181
If Changin	ng Registered Agent, Signature of New Registered Agent

09/06/2022 16:28 From:17184082550 To:18506176383 Date Time 09/06/22 04:28PM Pages: 4 P: 3/4

(((H22000306800 3)))
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
AMBR	Nir Ivgui	701 SW 27TH AVE	<b>≅</b> Add
		FORT LAUDERDALE, FL 33312	_ □ Кетюче
			Change
AMBR	Ezra Sivan	701 SW 27TH AVE	■ Add
		FORT LAUDERDALE, FL 33312	□ Remove
			Change
AMBR	Tiron S. Shatir	701 SW 27TH AVE	<b>=</b> Add
		FORT LAUDERDALE, FL 33312	□ Remove
			Change
	<u>.                                    </u>		
			Remove
			Change
			□ Add
			□ Remove
		<del></del>	☐ Change
			□ Add
			Remove
			□ Change

09/06/2022	16:28	From: 171	84082550	To:185061	76383 Date	Time	09/06/22	04:28PM	Pages: 4	P: 4/
H22000306800 D. If amend	(3))) Jing any ot	ther informa	ation, enter	change(s) h	ere: (Attach	additiona	I sheets, if r	necessary.)		
		-								
							<del></del>		·	
<del></del>				· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	<u>.</u>	· · · · · · · · · · · · · · · · · · ·		
			<u> </u>							
	<u> </u>							. <del></del> .		
				•						
				····						
						······································				
								,		
			<del>,</del>							
_					<del></del>	· · · · · · · · · · · · · · · · · · ·				
_							· · · · · · · · · · · · · · · · · · ·			
Note: It	the date inse	her than the cd, the date muserted in this bl date on the D	ock does not	meet the app	ior to date of fife licable statutor ds.	ng or more try filing re	(oj ihan 90 days a quirements,	o <b>tional)</b> fler filing.) Pu this date will	rsuant to 605. not be liste	0207 (3)(b d as the
If the recor (b) The 90					not an effec	tive time	e, at 12:0	1 a.m. on	the earlie	er of:
Dated Se	ptember 06			2022						
			1	s/ Nir Ivgui						
			Signature of	a member or au	thorized represe	intative of a	member	<del></del>	·	
	Nir Ivgui		Signature of a	a member or au	inorized represe	intative of a	member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00