## 2000263903

(Requestor's Name)	
(Address) (Address) (City/State/Zip/Phone #)	300393404733 LLCAmena 05/21/2201025003 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2022 SEP 21 AHII: 48
Office Use Only	A. RAMSEY A. RAMSEY GEP 23 2022

SEP 23

	INC. •P.O. Box		h Avenue. Tallahassee. Florida 32303 ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
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	COVER LETTER	
TO: Registration Section Division of Corporations		
	ni Molor Hub LLC	
Name	of Limited Liability Company	
<b>.</b>		
The enclosed Articles of Amendment and fee(s) Please return all correspondence concerning this		
r case retain an correspondence concerning mis	matter to the following.	
<u> </u>	Ales Colonul Name of Person	
<u>M</u> ;	ani Motor Hub LLC Firm/Company	
1430	NF 12121 (T	
	NE 13124 ST Address	
North Mich	<u>FL</u> 33147 City/State and Zip Code HUSC (7moll Lam dress: (to be used for future unnual report notification)	,
minni motor	City/State and Zip Code	• • •
For further information concerning this matter, p		
Alex Colonul Name of Person	at (305) 397 9372 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
☑ \$25.00 Filing Fee		
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
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	ARTICLES OF AMENDMENT TO	FILED
A	RTICLES OF ORGANIZATION OF	2022 SEP 21 AH 8:
	-	
Minni Moto (Same of the	Limited Liability Company as it now appears on our res (A Florida Limited Liability Company)	
The Articles of Organization for this Limits Florida document number $\frac{2200002}{2}$	ed Liability Company were filed on $08/25$ , $63903$ .	Lodo and assigned
This amendment is submitted to amend the		
A. If amending name, enter the new nan	ne of the limited liability company here:	
The new name must be distinguishable and contain	the words "Limited Liability Company," the designation "I	LLC" or the abbreviation "L.1C."
Enter new principal offices address, if ap	•	
(Principal office address MUST BE A STR	<u>REET ADDRESS)</u>	
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
(Mailing address MAY BE A POST OFFIC	and/or registered office address on our reco	ords, enter the name of the new
(Mailing address MAY BE A POST OFFIC B. If amending the registered agent a registered agent and/or the new registered	and/or registered office address on our reco	
(Mailing address MAY BE A POST OFFIC B. If amending the registered agent a registered agent and/or the new registered Name of New Registered Agent:	and/or registered office address on our reco	
(Mailing address MAY BE A POST OFFIC B. If amending the registered agent a registered agent and/or the new registered Name of New Registered Agent:	and/or registered office address on our record office address here:	dress Florida
(Mailing address MAY BE A POST OFFIC B. If amending the registered agent a registered agent and/or the new registered <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> :	and/or registered office address on our record office address here: Enter Florido street add City	ldress
(Mailing address MAY BE A POST OFFIC B. If amending the registered agent a registered agent and/or the new registered Name of New Registered Agent: New Registered Office Address:	and/or registered office address on our reco ad office address here:	dress Florida Zip Code
(Mailing address MAY BE A POST OFFIC B. If amending the registered agent a registered agent and/or the new registered Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changin thereby accept the appointment as register provisions of all statutes relative to the pro-	and/or registered office address on our record and/or registered office address on our record address here:	forida Florida Zip Code further agree to comply with the , and 1 am familiar with and 5, F.S. Or. if this document is

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lf amending or removed	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		
Title	Name		e of Action
MGR	PAUL A. Morch	1430 NE 131" ST N MIAMI FL 0	Add
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D. 11 ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	the date, if other than the date of filing:(optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: With day after the record is filed.
Dated	09/16/2022
	Signature of a member or authorized representative of a member
-	Alex Cornel
	Hick Corsel Typed or printed name of signee

Filing Fee: \$25.00