## 121000071234

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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04/21/22--01010--014 \*\*25.00

T. MATTHEWS

JUN - 3 2022

## **COVER LETTER**

TO: Registration Section Division of Corporation	ons			,
SUBJECT: TOTAL	EXCELLER	UCE MOTOR	es uc	
SUBJECT:	Name of Limi	ted Liability Company	<u> </u>	
The enclosed Articles of Amend	ment and fee(s) are subt	nitted for filing.		
Please return all correspondence	concerning this matter t	o the following:		
•	i			
	HE	NAME of Person	JESUS.	
		Name of Person		
	TOTAL EXCE	LENCE MOTO	RS UC.	
		Firm/Company		
	531 NORTH (	J.S. HIGHWAY	117-92,6	aute#2
_		Address		
	LONGA	VOOD , PLOKION City/State and Zip Cod	9 32750	
<del></del>				
	HENRY PA 4	07 @ GMAIL o be used for future annu	·COM·	<del></del>
			ar report nottheatton	,
For further information concern	_			
HENRY DE J	BSUS.	at ( <u>407-</u> ) Area Code	247-10.	26.
Name of Person	1	Area Code	Daytime Telep	hone Number
Enclosed is a check for the follo				<b>-</b>
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fe Certified Copy	e & l	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is o	enclosed)	Certified Copy (additional copy is enclosed)
<b>\$4</b> .99		C44	Addraws	
Mailing Address: Registration Section	n		Address: tration Section	
Division of Corpor	ations	Divis	ion of Corporat	ions

The Centre of Tallahassee

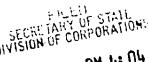
Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 APR 21 PM 4: 04 TOTAL EXCELLENCE HOTORS U.C. (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 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: 531 NORTH U.S. HIGHWAY 17-92, Suite #2.

Emer Florida street address

LONGWOOD Florida 32750.

Zip Code New Registered Office Address:

## 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>	Address	Type of Action
HGR	Roboyo Benzecki	2829 WILD HORSE RO, ORLANDO	□Add
		2829 WILD HORSE RO, ORLANDO FLORIDA, 32822.	Remove
			Change
			□Add
			□Remove
			Change
			□Add
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			Повет

	W ADDRESS FOR		<del></del> - '	
	531 NORTH U	1,5. HIGHWAY	17-92, Sul	2#2.
	LONG	5W000, PL	., 32750.	
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NEN	INBILING MUD	10855 PUR 1	UTAL ENCELLER	CB MUJURS LLC
( FR	MAILING ADD NCIPAL OFFICE)	:- 531 NOR	TH U.S. HIB	4WAY /7-92
<u>S</u>	ite#2, LONG	3W000, FL.,	32750.	
<u> </u>				
			_	
ive date, if o	ther than the date of filin	ត:	((	optional)
ective date is li If the date in	ther than the date of filin ted, the date must be specific an serted in this block does not a	I cannot be prior to date of meet the applicable state	tiling or more than 90 days atory filing requirements	after filing.) Pursuant to 605.6, this date will not be liste
	date on the Department of			
d specifies a	lelayed effective date, but no	t an effective time, at 17	2:01 a.m. on the earlier of	of: (b) The 90th day after
led.				
APR	L 19	2922.		
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Filing Fee: \$25.00