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4 5/21/2022

COVER LETTER

PERCENTIE MOTORS 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: Amelia Percentie Name of Person Firm/Company 1592 Heritage Crossing Ct, Apt 201F Address Reunion, FL 34747 City/State and Zip Code amelpercent@gmail.com E-mail address: (to be used for future annual report notification)	
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Name of Person Area Code Daytime Telephone Number	r
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certifica (additional copy is enclosed) Certified	ate of Status &

Mailing Address:

TO:

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**

2022 APR 15 AMIL-57

PERCENTIE MOTORS LLC		ZUZZ APR	15 AMII:57
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our r a Limited Liability Company)	ecords.)	
	27 22 222		
ne Articles of Organization for this Limited Liability O	Company were filed on 07-29-2021		and assigned
orida document number 1.21000343157	·		
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the lim	nited liability company here:		
MELIA VERA FLORA PERCENTIE LLC			
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if applicable:			
• •			· ···
<u>Principal office address MUST BE A STREET ADD</u>	KESS)		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registere	ed office address on our records. e	nter the name	of the new regis
gent and/or the new registered office address here:			
Name of New Registered Agent:			
	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	E El . · · ·	. 11	
	Enter Florida street a	iaaress	
		_, Florida	
	City		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>	Name	Address	Type of Action
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			ПРеточе
			Change
			□Add
			□Remove
			□Change
···			
			□Remove
			□Change
 			□Add
			□ Pamaua

Page 2 of 3

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 .		
Effective date, if other than th	e date of filing: (optional)	
(If an effective date is listed, the date m	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, block does not meet the applicable statutory filing requirements, this date will not be listed	
the record specifies a delaye) The 90th day after the re	ed effective date, but not an effective time, at 12:01 a.m. on the earlie cord is filed.	er of
Dated April 8	2022	
	.10	
	Signature of a member of authorized representative of a member	
·	AMELIA PERCENTIE Typed or printed name of signee	