

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations			* 5 8	
SUBJI	ECT:	Mooth Cars Name of Lim	ited Liability Company	;
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Isaid	ah Scott Name of Person	
		_	rame of Person Cars LLC Firm/Company	
			Firm/Company	
		3333 Por	+ Royalc Or S,	Apt 315
		FortLaute	rdale FL , 3330 City/State and Zip Code	28
			arsicagnail.com to be used for thrure annual report notif	
For fur	ther information co	ncerning this matter, please ca	all:	
	Tsaiah Name of	Sco++ Person	at (<u>145</u>) 210 - 17 Area Code Daytime	759 : Telephone Number
Enclose	ed is a check for the	e following amount:		
□ \$ 2£	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Sanal	202) NOV	117 AM 9:42	
(Name of the Limited Liability (A Florida L	Company as it now appears Limited Liability Company):	s on our records:)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on		and assigned
Florida document number <u>L 21000483170</u>	_•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our re	ecords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flore	ida street address	
		, 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
M6 R	Isoiah Scott	Sciah Scott	(DAdd
	3333 Port Royle Drs Fort Lauderdale FL. 33308	Robert S Scott	DRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
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lfan effecti <u>Note:</u> If (date, if other than the date of filing:
document	s effective date on the Department of State's records.
rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	November 15 2021
	November 15 . 2021 Joseph Seath Signature of a member or authorized representative of a member
	Isaat Seitt
	Signature of a member or authorized representative of a member
	Tsaiah Scott Typed or printed name of signee