## L21 000 503 446

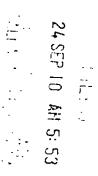
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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## **COVER LETTER**

	Division of Col			
oun inc	MOTO JR	UNDERGROUND LLC		
SOBJEC		Name of Lin	nited Liability Company	
···			W 10 - 01	
		Amendment and fee(s) are sub	-	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		DARCIS R, MONTES DE		
			Name of Person	
		OGANDO ACCOUNTIN	G AND TAX SERVICES INC	
			Firm/Company	•
		1170 W STATE ROAD 43	36	
			Address	
		ALTAMONTE SPRINGS	/ FLORIDA 32714	
			City/State and Zip Code	····
		DARCISMONTES@GMA	IL.COM to be used for future annual report no	tification)
For furthe	er information c	oncerning this matter, please c		
DARCIS	R MONTES D	E OCA	407 668-3080	
	Name o	f Person	at ()	me Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>≅</b> \$25.0	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 Addres		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co	Division of Corporations	
I	P.O. Box 632	7	The Centre of	Tallahassec oc Street, Suite 810
	Tallahassee, I	TL 32314	2415 IN. IVIOID	oc ancci, auto 610

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOTO JR UNDERGROUND LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number L21000503446	ed on 11/24/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
R UNDERGROUND COMMUNICATION LLC	
he new name must be distinguishable and contain the words "Limited Liability Compa	nny," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
Tuning man cas man and man and an analysis	ည့်
	: - <u>2</u>
If amending the registered agent and/or registered office address gent and/or the new registered office address here:	on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florido
City	, Florida 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 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	<u>Address</u>	Type of Action
			Add
			☐ Change
			DAdd
			□Remove
			☐ Change
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	08/23/2024
Ifectiv an effec	e date, if other than the date of filing:  08/23/2024  (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
ote: I	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocum <b>c</b> i	nt's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is file	i.
	Λ ,
ated _	August 23 , 2024.
	$A = \frac{1}{2}$
	- SAM1/-
	Signature of a member or authorized representative of a member
	RAUL E MOTO

Filing Fee: \$25.00