

L21000514820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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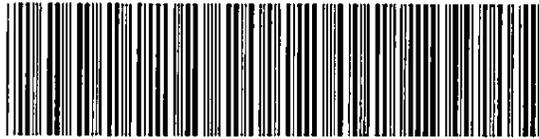
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MV Motorcar South Florida 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:

Michael Khoury, Esq
Name of Person
Madoff & Khoury LLP
Firm/Company
124 Washington St, Suite 202
Address
Foxborough, MA 02035
City/State and Zip Code
khoury@mandklp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Khoury at (508) 543-0040
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MV Motorcar South Florida LLC

(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 January 1, 2022 and assigned Florida document number L21000514820.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

(Not Applicable)

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:

583 Gay Street

(Principal office address MUST BE A STREET ADDRESS)

Westwood, Massachusetts 02090

Enter new mailing address, if applicable:

583 Gay Street

(Mailing address MAY BE A POST OFFICE BOX)

Westwood, Massachusetts 02090

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:

NOT applicable

New Registered Office Address:

Enter Florida 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
Manager	Ilya M Shnayder	6501 Congress Ave, Suite 100	<input type="checkbox"/> Add
		Boca Raton, FL 33487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ilya M Shnayder	6501 Congress Ave, Suite 100	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33487	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Charbel Saghibini	583 Gay Street	<input checked="" type="checkbox"/> Add
		Westwood, Massachusetts 02090	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This Amendment amends the original Articles to

(a) Change the sole Manager of the Company to Charbel Saghbini (from Ilya Shnayder)

(b) Add Ilya Shnayder as an Authorized Member

(c) Change the principal place of business of the Company to 583 Gay Street, Westwood, Massachusetts 02090

Except as provided above in this Section D, the original Articles of Organization of the Company remain in full force and effect

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The _____ day after the record is filed.

Dated July 15, _____, 2024



Signature of a member or authorized representative of a member

Charbel Saghbini, Manager and Member

Typed or printed name of signee

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