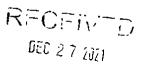
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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates o	f Status
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Office Use Only



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A. BUTLER
JAN 1 2 2022

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
CUBIECE	Moreta Mo			
SUBJECT:			ited Liability Company	<u>·</u>
The enclosed	d Articles of	Amendment and fec(s) are sub	mitted for filing	
		ondence concerning this matter	-	
r lease return	i air correspo	sidence concerning this matter	to the following.	
		Victor Moreta		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Moreta Motors LLC		
			Firm/Company	
		22203 Laver Lane		
			Address	
		Landolakes FL, 34639		
			City/State and Zip Code	·
		Victormoretal@gmail.com	to be used for future annual report no	tification\
For further in	nformation c	oncerning this matter, please c	-	uncations
Victor More	eta		813 480-2727	
	Name o	f Person	Arca Code Daytii	me Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
•	iling Addres	_	Street Address: Registration S	ection
Di	vision of C	corporations	Division of Co	orporations
	D. Box 632 Ilahassee, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	COLUMN TO ST. THE P. P. C.
ompany as it now appears o	on our records.)
ited Liability Company)	JE.
nany were filed on 12/14	/2021 and assigned
any were med on	and assigned
liability company here	:
Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
	ann
<u> </u>	
ice address on our rec	ords, enter the name of the new registere
Enter Florida	a street address
	, Florida
City:	Zip Code
ent:	-
	ice address on our rece

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>	<u>Name</u>	Address	Type of Action
MGR	Teresa Moreta	22203 Laver Lane Landolakes, FL 34639	□Add
			□ Remove
			□Add
			🗆 Remove
			□Change
		□Add	
			□Remove
		.	□Change
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			□Remove
			□Change
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			Remove
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ective date, if other than t	the date of filing:	(optional)	
		date of filing or more than 90 days after filing.) Pur	
	e Department of State's records.	le statutory filing requirements, this date will	not be fisted as i
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is filed.	tive date, but not an effective time	;, at 12.01 a.m. on the earner of: (b) The 90	in day after the
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December	21, 2021		
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Typed or printed name of signee

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