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(Requestor's Name)
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COVER LETTER

TO:

Tallahassee, FL 32314

	gistration Sec vision of Corp					
SUBJECT:	. 2	60 Mo	tors	, LLC		
SUBJECT	·			ed Liability Company		
The enclose	d Articles of A	Amendment and feet:	s) are subm	nitted for filing.		
Please retur	n all correspon	dence concerning th	is matter to	o the following:		
		<u> </u>	<u>ky n</u>	Name of Person	lo/Jose	· BRito
				Firm/Company		
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		\supset	Dorce	Address 1 + 1 3317 City/State and Zip Code 1391@ ho too	B _.	SEC.
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		Rein	e (m)	1791@ hotm	oul was	
For further	information co	oncerning this matter			,	٠, ,
/	a. hy N	D Cas	hi//0	at (786) 55 Area Code Dayt	70223	10A
	Name of	Person		Area Code Dayt	ime Telephone Number	
Enclosed is	a check for the	e following amount:				
⊠ \$25.00	Filing Fee	□ \$30.00 Filing F Certificate of		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	ailing Address			Street Address:	Santian	
	egistration S ivision of Co			Registration S Division of C		
	O. Box 632			The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2 GO Motors	110		
(Name of the Limited Liability Compa (A Florida Limited I			
The Articles of Organization for this Limited Liability Company Florida document number <u>427,000,418</u> 20 This amendment is submitted to amend the following:	, ,	>22 and assig	ned
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7815 NW 10 apt 8 Doral II,	33178	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same,		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	N A Enter Florida street address , Florida	Zin Code	registered
	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 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
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tive date is listed, the date must be specific an the date inserted in this block does not	d cannot be prior to date of meet the applicable stati	filing or r story fili	nore than 90 days after fi ng requirements, this (iling.) Pursuant to 60 date will not be lis	15.0207 (3 sted as th
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01/14/2022	member or authorized rep	resentativ	2 cota member		

Filing Fee: \$25.00