

L22000067106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

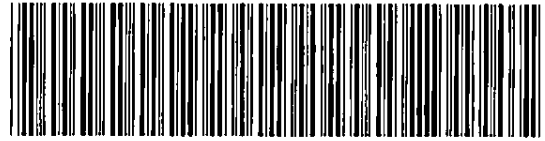
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400441141284

12/16/24--01019--017 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL
2024 DEC 16 PM 1:15

21 11 11

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Phoenix Moto 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:

Robert Morano
Name of Person

Phoenix Moto LLC
Firm/Company

3432 E Hartley Ct
Address

Hernando, FL, 34442
City/State and Zip Code

phoenixmoto.rm@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Morano at 352 815-0593
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

2021 DEC 16 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

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

Phoenix Moto 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 12/12/2024 and assigned Florida document number L22000067106.

This amendment is submitted to amend the following:

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

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

3434 E Hartley Ct, Hernando, FL, 34442

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3432 E Hartley Ct, Hernando, FL, 34442

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:

Stevie Parker

New Registered Office Address:

3434 E Hartley Ct

Enter Florida street address

Hernando

Florida 34442

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.

Stevie Parker

If Changing Registered Agent, Signature of New Registered Agent

RECEIVED
DEC 16 PM 1:15
CLERK OF SUPERIOR COURT
HESSELTINE

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>
_____	_____	_____	<input type="checkbox"/> Add
			<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
_____	_____	_____	<input type="checkbox"/> Add
			<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

RECEIVED
 2024 DEC 16 PM 1:15
 SECRETARY OF STATE
 TALLAHASSEE, FL

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

N/A

Horizontal lines for amending information.

E. Effective date, if other than the date of filing: 12/12/2024 (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) 90 day after the record is filed.

Dated 12/12/2024 at 5:54 PM

Robert Morano

Signature of a member or authorized representative of a member

Robert Morano

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FL
2024 DEC 16 PM 1:15