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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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2023 HAY - 2 AH 7: 50

c/ relie/2023

COVER LETTER

mendment and fee(s) are sub	ted Liability Company	
mendment and fee(s) are sub		
	mitted for filing.	
dance concurning this matter		
dence concerning and matter	to the following:	
Robert Acevedo		
	Name of Person	
Freedomtax Accounting		
	Firm/Company	<u> </u>
1016 East Osceola Parkwa	y	
	Address	
Kissimmee, FL 34744		
	City/State and Zip Code	
E-mail address: (to be used for future annual report not	fication)
ncerning this matter, please co	all:	
	407 344-1012 at ()	
Person	Area Code Daytin	te Telephone Number
following amount:		
S30.00 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)
ection	Street Address: Registration Sc	
	Freedomtax Accounting 1016 East Osceola Parkwa Kissimmee, FL 34744 E-mail address: (Incerning this matter, please can Person Following amount: S30.00 Filing Fee & Certificate of Status	Robert Acevedo Name of Person

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



2023 HAY -2 AM 7:51

MR MOTOR ELECTRTIC MOTORS AND PUMPS 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 ^{2/25/2022} ____ and assigned Florida document number 1.22000100325 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MR MOTOR ELECTRIC MOTORS AND PUMPS LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address ____, Florida <u>___</u> City

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
			
			Remove
			□Change
			
			□Remove
			□Change
			□Add
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			□Change
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			□Change

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APRIL 28TH 2023 Louis Espirica Signature of a member or authorized representative of a member		nive date, but not a	i effective time	r, at 12:01 a.m.	on the earlier	of: (b) The 9	Ith day after the
Jonge Esperies Signature of a member or authorized representative of a member	Dated	,	2023	. •			
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Filing Fee: \$25.00