

h22000119762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

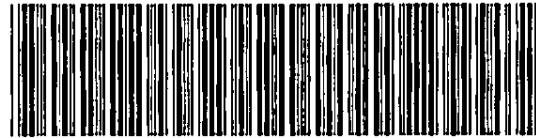
(Business Entity Name)

(Document Number)

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**2022 MAY 16 PM 4:45**

**SECRETARY OF STATE  
TALLAHASSEE, FL**

1/3/6-

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Felix Motor 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:

Steven A Mateo

Name of Person

Felix Motor LLC

Firm/Company

5591 Spectra Cir, Unit 3-201

Address

Fort Myers, FL 33908

City/State and Zip Code

felixmotorllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven A Mateo

239

207-7475

at ( )

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

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

**FILED**

Felix Motor LLC

**2022 MAY 16 PM 4:45**

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

**SECRETARY OF STATE  
TALLAHASSEE, FL**

The Articles of Organization for this Limited Liability Company were filed on 03/09/2022 and assigned  
Florida document number L22000119762

This amendment is submitted to amend the following:

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

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)

5591 Spectra Cir

Unit 3-201

Fort Myers, FL 33908

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

5591 Spectra Cir

Unit 3-201

Fort Myers, FL 33908

**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

City, **Florida**

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 Changing Registered Agent, Signature of New Registered Agent

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>
AMBR	Steven A Maleo	5591 Spectra Cir	<input checked="" type="checkbox"/> Add
		Unit 3-201	<input type="checkbox"/> Remove
		Fort Myers, FL 33908	<input type="checkbox"/> Change
MGR	Sean C McCann Jr	340 20th St SE	<input checked="" type="checkbox"/> Add
		Naples, FL 34117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2022 MAY 16 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

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2022 MAY 16 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

(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.

Dated May 11 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee