L22000150656

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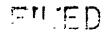
SECRETARY OF SHAPE

COVER LETTER

TO:	Registration : Division of Co		5 .			
e110 ft/		MOTEK AND SUSU STYLE ACCESSORY LLC				
SUBJEC	, I i	Name of Lim	Name of Limited Liability Company			
The encl	osed Articles o	of Amendment and fee(s) are sub	mitted for filing.			
Please re	cturn all corres	pondence concerning this matter	to the following:			
		Maria M Valderrama				
		•	Name of Person			
		MOTEK AND SUSU STY	LE ACCESSORY LLC			
			Firm/Company			
		16771 Turtle Hatch Drive				
			Address			
		WINTER GARDEN, FL.	34787			
			City/State and Zip Code			
		motekstorelle@gmail.com				
		E-mail address: (to be used for future annual report not	ification)		
For furth	ner information	concerning this matter, please c	atl:			
Maria M	1 Valderrama		407 3885284 at ()			
	Name	of Person		ne Telephone Number		
Enclosed	l 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)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addr Registration		Street Address: Registration So	ection		
	Division of	Corporations	Division of Co	rporations		
	P.O. Box 63			The Centre of Tallahassee		
	Tallahassee	, FL 32314	2415 N. Monro	be Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MOTEK AND SUSU STYLE ACCESSORY LLC

2023 HAR -9 AM 11: 18

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

SECRETARY OF \$ 144 TALLAHASSEE, FLORE

The Articles of Organization for this Limited Liability Company	were filed on March 28	th, 2022	and assigned
Florida document number L22000150656			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Motek Store LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designati	ion "LLC" or the abbr	reviation "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 a agent and/or the new registered office address here:	ddress on our records	s, enter the name	of the new registere
agent and/or the new registered office address here:			
Name of New Povietand Agents			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	re to act in this capac	ity. I further agre	e to comply with the

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
			□Add
		<u></u> ,	□Remove
			□Change
		<u> </u>	□Add
			Remove
			□Change
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· ·	Pated _	March 2nd . 2023
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Filing Fee: \$25.00