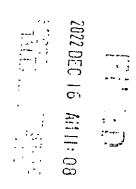
L22000256143

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MOTO CARS III, LLC				
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				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
		,		Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
		İ		Сеп. Сору
		!		Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by:				UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO: Registration So Division of Cor					
(1111) FE1/301	CARS III, LLC				
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	FELIX DIAZ				
	4 3************************************	Name of Person			
	MOTORO CARS III, LLC				
		Firm/Company	······································		
	2865 NW 17TH AVE				
		Address			
	MIAMI FL 33142				
		City/State and Zip Code			
	FELIX@MOTOROCARS.				
	E-mail address: (to be used for future annual report not	ification)		
For further information e	concerning this matter, please c	all:			
FELIX DIAZ		305 281-5544 at ()			
Name o	f Person		ne Telephone Number		
Enclosed is a check for the	he 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 Addres Registration 9		Street Address: Registration Sc	ection		
Division of C			Division of Corporations		
P.O. Box 632		The Centre of	Tallahassee		
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

MOTORO CARS III. 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 $\frac{06/03/2022}{1}$ Florida document number _____L22000256143 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 "LLC." 2865 NW 17TH AVE MIAMI, FL 33142 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2865 NW 17TH AVE MIAMI, FL 33142 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: FELIX DIAZ Name of New Registered Agent: 2865 NW 17TH AVE MIAML FL 33142 New Registered Office Address: Enter Florida street address Florida 33142
Zip Code MIAMI

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.

City

Felix Diaz
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ACCARINI, IVOR B	2865 NW 17TH AVEMIAMI, FL 33132	□Add
			■ Remove
			[] Change
·			□Add
			□Remove
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			□Remove
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			□Remove
			□Change

<u>Note</u>	tive date, if other than the date of filing:
If the record is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	d <u>DECEMBER 16</u> , 2022