L22000311435

| (Reques | tor's Name) | |
|--------------------------------|-----------------|----------|
| | | |
| (Address | s) | |
| | | |
| | | |
| (Address | ;) | |
| | | |
| (City/Sta | te/Zip/Phone # |) |
| | | |
| PICK-UP | WAIT | MAIL |
| | _ | _ |
| | | |
| (Busines | s Entity Name |) |
| | | |
| (Docume | ent Number) | |
| (0000) | | |
| | | |
| Certified Copies | Certificates of | f Status |
| | | |
| 0 11 1 7 1 7 | | |
| Special Instructions to Filing |) Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| L | | |

Office Use Only



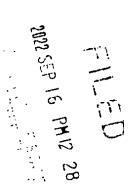
600394128246

LLC Amena

09/16/22--01005--013 **60.00

2822 SEP 16 PH 12: 02

A. RAMSEY SEP 1 6 2022



COVER LETTER

TO:

| TO: Registration Se Division of Cor | | | |
|--|--|---|---|
| SUBJECT: B | oriita Moto Zo | ong LLC | |
| 300000 1. <u>1. 3</u> . | Name of Lim | nited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | <u>Vincenzo</u> | TrimcrChi Name of Person | |
| | | Firm/Company | |
| | 8736 Priver | Homes Lave Apt # | = 103 |
| | Bonita Spri | ing, FL 34135 Gily/State and Zip Code | |
| | | OHOHOGAL. COM to be used for future annual report not | ification) |
| For further information c | oncerning this matter, please c | all: | |
| Vincenzo | Trimarchi | at (850) 688. Area Code Daytin | 3226 |
| Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | ne 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 S | | <u>Street Address:</u> Registration Se | ction |
| Division of C | Corporations | Division of Cor | rporations |
| P.O. Box 632 Tallahassee, 1 | | The Centre of T | Fallahassee be Street, Suite 810 |
| rananassee, i | しょし ション・マ | | e onest ours ord |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 SEP 15 PM 12 2

| Roman Chamber of the Limit | Moto Zor | ny as it now appears or | n our records.) | |
|--|-----------------------|-------------------------|-----------------------------|--------------------------|
| | (A Florida Limited L | Jability Company) | | |
| The Articles of Organization for this Limited L | iability Company | were filed on <u>09</u> | <u> 116/2022</u> | and assigned |
| Florida document number <u>L2200031</u> | 1435 | | | |
| This amendment is submitted to amend the foll | owing: | | | |
| A. If amending name, enter the new name o | f the limited liabi | ility company here: | | |
| The new name most be distinguishable and contain the v | vords "Limited Liabil | ity Company," the desig | mation "LLC" or the a | abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | | | |
| (Principal office address MUST BE A STREE | <u>(T ADDRESS)</u> | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | | |
| | | | | |
| B. If amending the registered agent and/or r | registered office a | address on our reco | ords, enter the nat | me of the new registered |
| agent and/or the new registered office addre | • . | an in our reco | The case of the same | ne or me new regardered |
| NEW CNIW Deciment Access | Vitor | enzo Trim | wechi | |
| Name of New Registered Agent: | | | | 1 1 107 |
| New Registered Office Address: | <u>8736 Y</u> | Timer Homes | 5 Laug Af street address | <u> </u> |
| | <u>Perita</u> | Spring - | Florida | 3.41.35 Zip Code |
| | | | | |

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby 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> | Address | Type of Action |
|--------------|--------------------|-----------------------------------|------------------------------------|
| AMBR | Vivicina Trimarchi | 1334 Pauma Pointe Ct. Tallahossac | <u>7L 3232</u> ₹L 3 2Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | Петюче |
| | | | □Change |
| | | □Add | |
| | | □Remove | |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | □Add | |
| | | | □Remove |
| | | □Change | |
| | | 🗆 Add | |
| | | | 🗀 Remove |
| | | | □Change |

| ii ame | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-----------------------|---|
| _ | |
| - | |
| - | |
| | |
| - | |
| - | |
| - | |
| _ | |
| _ | |
| | |
| _ | |
| - | |
| - | |
| - | |
| - | |
| - | |
| - | |
| Der . | tourismul) |
| Note: | ive date, if other than the date of filing: |
| ne recor ord is ti | d 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 led. |
| Dated | 9/16/2022 Signature of a member or authorized representative of a member |
| | |
| | Signature of a member of authorized representative of a member |
| | Michael Nichele Typed or printed name of signee |

Filing Fee: \$25.00