

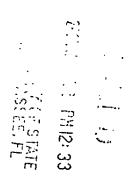
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6. HUNT CZ/22/24

COVER LETTER

TO: Registration So Division of Con						
LOCO MO	TO LLC					
SUBJECT:	Name of Lim	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	WILLIAM T LAX					
		Name of Person				
	LOCO MOTO LLC					
		Firm/Company		_		
	1048 S FRANKLAND RO	OAD				
		Address		_		
	TAMPA, FLORIDA 3362	9			7-3	
	<u></u>	City/State and Zip Code			, -	
	TODDLAX@GMAIL.COM				:	
	E-mail address: (to be used for future annual report not	ification)	(O) (PH I2: 33	
For further information of	concerning this matter, please c	all:		inion meri	22	
WILLIAM T LAX		813 293-1805 at ()			ည	
Name o	of Person		ne Telephone Numb	er	-	
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fo cate of S ed Copy al copy is	tatus &	
Mailing Addre		Street Address:	etion			
Registration Division of O		Registration Se Division of Co				
P.O. Box 632	27	The Centre of	Fallahassee			
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite	810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOCO MOTO LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 1/10/2023	and assigned
Florida document number L23000022122		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
LAXA LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r 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)		1-3 13.7 13.7
Muning and the Mile DE MI OUT OF THE BONY		00 00 TO 11
		mo to
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
Train training arrest training.	Enter Florida street address	
	. Flori	da
	City .	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 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
			□Remove
			□Remove
			□Add
			Remove
			————— □Change
			Add Remove
			Change
			□ Change
			□Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the applic occument's effective date on the Department of State's records	able statutory filing requirements, this date wil	ursuant to 605.020 I not be listed a
record specifies a delayed effective date, but not an effective to is filed.	ime, at 12:01 a.m. on the earlier of: (b) The 9	0th day after the
ated JULY 19 , 2024	<u> </u>	

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Filing Fee: \$25.00