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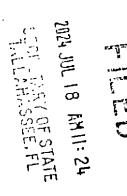
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COVER LETTER

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TO: Registration So Division of Cou			
	OTION LLC		
SUBJECT:	nited 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:	
	DAVOR FETAHOVIC		
		Name of Person	
	ADS IN MOTION LLC		
		Firm/Company	
	13281 STONE POND DR		
	_	Address	
	JACKSONVILLE, FL 322	224	
	DAVORFETAHOVIC@G	City/State and Zip Code MAIL.COM	
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please co	all:	
DAVOR FETAHOVIC		904 899-3013	
Name o	f Person	at () Area Code Daytime Telephone Number	-
Enclosed is a check for the	ne following amount:		20 S
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing For Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing For Certified Copy (additional copy is additional copy is a second control of the copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional copy is a second control of the certified Copy (additional control of the certified Copy (additiona	The July
Mailing Addres		Street Address:	: 2: 2:
Registration Section Division of Corporations		Registration Section Division of Corporations	ניו טו
P.O. Box 632		The Centre of Tallahassee	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ADS IN MOTION 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 $\frac{02/21/2023}{1}$ and assigned Florida document number 1.23000093688 GN: 37-2120902 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) 13281 STONE POND DR Enter new mailing address, if applicable: JACKSONVILLE, FL 32257 (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: DAVOR FETAHOVIC Name of New Registered Agent: 9393-1 MILL SPRINGS DR BLDG 1 New Registered Office Address: Enter Florida street address _. Florida 32257
Zip Code JACKSONVILLE 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, ighthis 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 Agen

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DANIEL FETAHOVIC	9393-1 MIEL SPRINGS DR BLDG 1	🗀 Add
		JACKSONVILLE, FL 32257	≣Remove
MGR	DAVOR FETAHOVIC	9393-1 MILE SPRINGS DR BLDG 1	🗐 Add
		JACKSONVILLE. FL 32257	□Remove
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