

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L230003211363**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000321136 3)))



H230003211363ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GLOBAL ACCOUNTING AND TAX PROFESSIONAL CORP  
Account Number : 120140000098  
Phone : (786)372-1391  
Fax Number : (786)762-2589

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MOTOVIP.US LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED  
SEP 12 PM 4:12  
FLORIDA  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
2023 SEP 12 PM 4:24

H23000321136 3

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 13 2023  
K. Brumley

Sep 12 2023 4:02 PM

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

13.6674 E. 2

H230003211363

MOTOVIP.US 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 03/02/2023 and assigned  
Florida document number L23000109963

This amendment is submitted to amend the following.

A. If amending name, enter the new name of the limited liability company here:

N / A

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:

7939 NW 64th STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33166, US

Enter new mailing address, if applicable:

7939 NW 64th STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33166, US

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:

Name of New Registered Agent:

New Registered Office Address:

7939 NW 64TH STREET

Enter Florida street address

MIAMI

Florida

City

33166

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 Changing Registered Agent, Signature of New Registered Agent

H230003211363

If any: 12/2023 4:02 PM (on(s) authorized to manage, enter the title, name, and address only. 0674 0019. 315 added  
or removed from our records:

MGR = Manager  
AMBR = Authorized Member

H230003211363

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FORTI, ROBERTO	1155 NW 126TH STREET	<input type="checkbox"/> Add
		MIAMI FL 33168	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FORTI, ROBERTO	7939 NW 64TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI FL 33166, US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H230003211363

1) If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

A

PLEASE INCLUDE FEIN: 92-2912303

\*

H230003211363

A

E. Effective date, if other than the date of filing: 09/12/2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 09/12/2023

Roberto Forti

Signature of a member or authorized representative of a member

ROBERTO FORTI

Typed or printed name of signer

H230003211363