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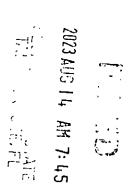
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration of	on Section Corporations			•	
		IDE MOTORS LLC			™;	
SUBJE	ст:		Name of Limi	ed Liability Company	•	
The encl	losed Article	es of Amendment an	d fee(s) are subr	nitted for filing.		
Please re	eturn all cor	respondence concert	ning this matter t	o the following:		
		Mariela A	Hollingsworth			
		<u></u>		Name of Person		
		Viglione A	ecounting Corp			
				Firm/Company		
		7061 S Tar	niami trl suite 10)4		
			<u> </u>	Address		
		Sarasota, F	L 34231			
				City/State and Zip Code		
		aviglione@r		o be used for future annual report noti	(ication)	
For furtl	her informat	ion concerning this			nearion	
	A Hollings	_	·	941 465-7867		
		ame of Person	<u> </u>	at ()	e Telephone Number	
Enclose	d is a check	for the following an				
■ \$25	5.00 Filing F		iling Fee & ate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose	
	Division P.O. Box	ion Section of Corporations 6327		Street Address: Registration Se Division of Cor The Centre of T	porations Fallahassee	
	Tananass	see, FL 32314		Tallahassee, FL	e Street, Suite 810 . 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 AUG | 4 AM 7: 45

LUXSIDE MOTORS LLC		
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our recomited Liability Company)	TAI MATE
The Articles of Organization for this Limited Liability Con	npany were filed on $\frac{05/08/2023}{2}$	and assigned
Florida document number L23000226430		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u>ss</u>	
		<u>_</u>
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		·
B. If amending the registered agent and/or registered o	office address on our records, en	ter the name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
	,	Florida
-	City	Zin 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
MGR	Misael D Cruz Reynoso	300 NE 75th Unit 407	■Add
		Miami, FL 33138	□Remove
			□Change
			□Remove
			□Change
			□Add
			☐Remove
			☐ Change
			□Add
			Remove
			□Change
			DAdd
			Remove
			Change
			□Add
			□Remove
			□Change

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'an eff <u>(ote:</u>	ve date, if other than the date of filing:
recor d is fi	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.
ated	August 10th 2023
	Signature of a member or authorized representative of a member Hector S Bernudez Rodinguez Typed or printed name of signee