L23000240771

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COVER LETTER

TO:

Registration Section Division of Corporations

PETAGNA MOTORS LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **BAUTISTA PETAGNA** Name of Person PETAGNA MOTORS LLC Firm/Company 3215 TAFT ST Address HOLLYWOOD, FL 33021 City/State and Zip Code bautistapetagna@hotmail.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

PETAGNA MOTORS LLC

(Name of the Limited Liability Company as it now

(A Florida Limited	Liability Company)	74 74 3 1
The Articles of Organization for this Limited Liability Company Florida document number L23000240771	were filed on 05/16/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.I.,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)		
B. If amending the registered agent and/or registered office a	iddress on our records, enter th	he name of the new registers
agent and/or the new registered office address here:	enter a	ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-	, Flor	
	City	Zip Code

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

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 veing 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

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
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