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7:23 JPY -5 FH 2: 39

COVER LETTER

O:	Registration Section Division of Corporations	
UBJEC	MOTO CONSULTING LLC	
0131.0	Name of Limited Liability Company	
he encl	osed Articles of Amendment and fee(s) are submitted for filing.	
lease re	turn all correspondence concerning this matter to the following:	
	MICHAEL K TODD	
	Name of Person	
	MOTO CONSULTING U.C	
	Firm/Company	
	24345 STILLBROOKE DRIVE	
	Address	
	EUSTIS, Fl. 32736	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	r
For furth	er information concerning this matter, please call:	•
	at ()	
	Name of Person at () Area Code Daytime Telephone Number	

Mailing Address:

≡ \$25.00 Filing Fee

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

Enclosed is a check for the following amount:

☐ \$30.00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOTO CONSULTING LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on MAY 24, 2023	and assigned
Plorida document number 1.23000255566	_·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" of	r the abbreviation 3 L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	· · ·
		<u></u>
Enter new mailing address, if applicable:		_ نی ر
(Mailing address MAY BE A POST OFFICE BOX)		L. 1.1.
		-
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	e name of the new regist
the second secon		
Name of New Registered Agent:		
New Registered Office Address:		
regimered office Hadroni.	Enter Florida street address	<u>-</u>
	. Florie	d:a
	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 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
AMBR	KENT, TOOD M	24345 STILLBROOKE DRIVE	□Add
		EUSTIS, FL 32736	≡ Remove
			Change
MGR	TODD, MICHAEL K	24345 STILLBROOKE DRIVE	■Add
		EUSTIS, FL 32736	□Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (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. Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee