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ALL AHASSEF, COUNTY



COVER LETTER

O: Registration Section Division of Corporations
UBJECT: OC MATONS, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
INES GULVYEVO Name of Person
Firm/Company
2875 S. Drange Ave Ste 500-6599
OYlando, FL 32806 City/State and Zip Code
Sales Compton grup wm 1: mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Thes Guerrero at (305) 377 - 0144 Name of Person Area Code Daytime Telephone Number
Inclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Registration Section

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

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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

OC, Motors,	LLC					
(Name of the Limited Lie (A Flo				•		
The Articles of Organization for this Limited Liabilit	ly Company	were filed on $\frac{7/2}{}$	1/23	a	ınd assi	gned
This amendment is submitted to amend the following	3:					
A. If amending name, enter the new name of the	limited liabi	lity company here:				
				-		
The new name must be distinguishable and contain the words "	Limited Liabil	ity Company," the design	ation "LLC" or the	abbrevia	tion "L.L	.C."
Enter new principal offices address, if applicable:		1001 29th	<u>st</u>			
(Principal office address MUST BE A STREET AL	DDRESS)	Orlando	FL 328	05_		
			-	\mathbb{Z}_{p}	2023	
				;> ::	3S E	•,
Enter new mailing address, if applicable:				2.1	-0	:
(Mailing address MAY BE A POST OFFICE BOX)		-,-,-		Ú٦	
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B. If amending the registered agent and/or registered agent and/or the new registered office address her		ddress on our recor	ds, <u>enter the na</u>	ಲ್ಲ i <mark>me of t</mark>	<u>h€ new</u>	registered
Name of New Registered Agent:	Ihes	Guerreno				<u></u>
New Registered Office Address: 28	75 5.0	Orange Ave Enter Floridas	SH 500 treet address	-659	99	
	orlan	City	Florida	328 24	O (o 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>	Name	Address	Type of Action
P	Luis Guerren	2875 S. Orange Ave	□Add
		St 500-6599	©Kemove
		Orlando FL 32806	□Change
<u>P</u>	Ines Guerreno	2875 S. Orange Ave	⊡Ádd
		Stl 500-6599	□Remove
		Orlando FL 32806	□Change
			🗀 Add
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rective date, if other than the date of filing:	(optional) date of filing or more than 90 days after filing.) Pursuant to 605,020 le statutory filing requirements, this date will not be listed a
cord specifies a delayed effective date, but not an effective time s filed.	
ed August 22 2023 Ans Guerron Thes Guerren Typed or printed in	
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Signature of a member or authorize	ed representative of a member

Till E magan