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12/18/23--01001--013 **25.00

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations				
	MVC MOT					
SUBJECT:	Name of Limited Liability Company					
The enclosed	d Anticles of	Amendment and fee(s) are subt	nitted for filing.			
Please return	ı all correspo	ndence concerning this matter t	o the following:			
		MARIA VERONICA CRE	SPO			
	Name of Person					
		MVC MOTORS LLC				
Firm/Company						
301 W 7TH STREET SUITE D						
Address						
ORLANDO FL 32824						
		City/State and Zip Code				
		VERONICARESPO2312@				
			o be used for future annual report no	uncation)		
For further i	infornation c	oncerning this matter, please ca				
MARIA VERONICA CRESPO		786 352-2276 at ()				
	Name o	d Person	Area Code Dayti	me Telephone Number		
Enclosed is	a check for t	he following amount:				
■ \$25,00		☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	ailing Addre		Street Address: Registration S	ection		
Di	ivision of C	Corporations	Division of Co	Division of Corporations		
P.O. Box 6327		27	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MVC MOTORS LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records. a Limited Liability Company)	J
The Articles of Organization for this Limited Liability C	Company were filed on 12/12/2023	and assigned
lorida document number L23000547916	 ·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office <u>address MUST BE A STREET ADDI</u>	<u> </u>	
		<u>_</u>
		i5 ∵.
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere sgent and/or the new registered office address here:	ed office address on our records, <u>enter t</u> i	ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Padaress.	Enter Florida street address	-
	, Flor	rida
	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 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	MARIA VERONICA CRESPO	12462 Westfield Lakes Cir, winter garden, FL 34787	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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			□Add
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im eft Note:	ve date, if other than the date of filing:
recoi 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	12/14/2023
	1 7 10 1 11 1 1 1 1 1 2 3 3 3 3 3 3
	Signature of a member or authorized representative of a member