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COVER LETTER

	istration Se sion of Cor			•
	Motor Vaul	t of Florida, LLC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	Articles of	Amendment and fec(s) are sub	omitted for filling.	
Please return	all correspo	ndence concerning this matter	to the following:	
		John L. Mann		
			Name of Person	
		Law Offices of John L. M:	ann	
			Firm/Company	
		500 S. Florida Avenue, Su	ite 300	
		·	Address	
		Lakeland, FL 33801		
		-	City/State and Zip Code	
		john@jmannlaw.com		
		E-mail address: (to be used for future annual report not	dification)
For further in	formation c	oncerning this matter, please c	all:	
John Mann			863 683-1358 at ()	
	Name o	f Person		ne Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	☐ \$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)
	ling Addres istration S		<u>Street Address:</u> Registration Se	ection
_		orporations	Division of Co	
	. Box 632		The Centre of	
Tall	ahassee, I	·L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Motor Vault of Florida, LLC			
(<u>Name of the Limited L</u> (A F	Jability Company as it now appears on our records.) Jorida Limited Liability Company)		_
The Articles of Organization for this Limited Liabil Florida document number <u>L24000006254</u>	ity Company were filed on 12/28/2023	and	d assigned
This amendment is submitted to amend the following	ıā:		
A. If amending name, enter the new name of the	e limited liability company here:		
The Motor Vault, LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviatio	on "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u></u>		
B. If amending the registered agent and/or regis		me of the	음 new register
agent and/or the new registered office address ho	ere:		JAN :
Name of New Registered Agent:		<u> </u>	<u>Cr</u>
New Registered Office Address:			<u> </u>
	Enter Florida street address		28
-	Florida	Zip C	
	Crty.	zip C	же

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
			□Add
			□Remove
			□Change
-		<u></u>	□Add
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			(T) (C)

	
(If an e <u>Note</u>	tive date, if other than the date of filing:
ne reco	and 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 filed.
Dated	3 January 9
	Signature of a member or authorized representative of a member
	5 Signature of a member of authorized representative of a member

Filing Fee: \$25.00