Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000351713)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KURKIN FOREHAND BRANDES, LLP.

Account Number : I20090000016 Phone : (850)391-5060 Fax Number : (850)391-2645

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Fma | í | 1 | Address: | |
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| LMIG | - | _ | ~uu: c33. | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNED PRIVATO MOTORS, LLC

| Certificate of Status | () |
|-----------------------|---------|
| Certified Copy | Ü |
| Page Count | 04 |
| Estimated Charge | \$25,00 |

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX JAN 29 2024 Registration Section

Tallahassee, Fl. 32314

TO:

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

From: -Kurkin Forehand Brandes -

(((H240000351713)))

COVER LETTER

| Division of Co | · | | |
|---------------------------|--|--|--|
| ः वः Privato Me | otors, LLC | | |
| SUBJECT: | Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | amitted for filing | |
| | | - | |
| rrease return an corresp | ondence concerning this matter | to the following: | |
| | Mare E. Brandes LLP | | |
| | | Name of Person | |
| | Kurkin Forehand Brandes | LLP | |
| | | Firm/Company | |
| | 18851 NE 29th Avenue, S | uite 303 | |
| | | Address | |
| | Aventura, FL 33180 | | |
| | | City/State and Zip Code | |
| | mbrandes@ktb-law.com | | |
| | | to be used for future annual report noti | fication) |
| For further information (| concerning this matter, please c | all: | |
| Marc E. Brandes | | 305 929-8500 | |
| Name of Person | | at () | e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| MailingAddres | ·s: | StreetAddress: | |
| Registration Section | | Registration Sec | |
| Division of C | | Division of Corporations The Centre of Tallahassee | |
| P.O. Box 6327 | | The Centre Of T | ananassee |

To:

2024-01-25 22:08:58 GMT Kurkin Forehand Brandes (((H240000351713)))

From: -Kurkin Forehand Brandes -

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Privato Motory, LLC. | | |
|---|---|-----------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | n <u>y as it now appears on our records.</u>) Ciability Company) | |
| The Articles of Organization for this Limited Liability Company for ida document number 1.24000024683 | were filed on and assig | <u>ş</u> n e d |
| 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.L. | .C." |
| Enter new principal offices address, if applicable: | 2700 West 84 Street Unit 300 Hialeah FL 33016 | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| 3. If amending the registered agent and/or registered office a seent and/or the new registered office address here: | address on our records, <u>enter the name of the new</u> | regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Florida Zip Code | |
| | • | |
| New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agreen or a signal statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office ampany has been notified in writing of this change. | ee to act in this capacity. I further agree to emply performance of my duties, and I am familiar with provided for in Chapter 605 F.S. Or it this Argun | and |

If Changing Registered Agent, Signature of New Registered Agent

Τo

2024-01-25 22:08 58 GMT (((H24000035171 3))) 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 |
|--------------|------------------|---|----------------|
| AMBR | Marcos Egipcaco | 2700 West 84th Street | □Add |
| | | Hialeah, FL 33016 | =Remove |
| | | | ☐ Change |
| AMBR | Marcos Egipciaco | 14337 Commerce Way Miami Lakes FL 33016 | ■ Add |
| | | | □Remove |
| | | | □ Change |
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| Page: 6 of 6 | 2024-01-25 22:08-58 GMT | Kurkin Forehand Brandes | From: -Kurkin Forehand Brandes - |
|--------------|-------------------------|-------------------------|----------------------------------|
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(((H24000035171 3)))

| D. If amending any other informa | ation, enter change(s) here: (Attachadditional sheets, if ne | ecessary.) |
|---|---|------------------------------------|
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| Note: If the date inserted in this b | e date of filing: | his date will not be listed as the |
| f the record specifies a delayed effective record is filed | ve date, but not an effective time, at 12.01 a.m. on the earlier of (| (b) The 90th day after the |
| Dated | 2025 | |
| /s/ Marcos Egipciaco | | |
| | Signature of a member or authorized representative of a member | |
| Marcos Egipciaco | | |
| | Typed or printed name of signee | |

Filing Fee: \$25.00