24000033842

(Re	equestor's Name)			
(Ac	ddress)			
(Ad	idress)			
(Cit	ty/State/Zip/Phone	e #)		
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	Simplex	Group Inc	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Edwin Armijo	
		Name of Person	
		Simplex Group Inc	
		Firm/Company	
	75	500 NW 52ND ST, Suite 100	
		Address	
		MIAMI FL 33166	
	<u></u>	City/State and Zip Code	
	fontmotorllc@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Edwin	Armijo	213 6467179 at ()	
Name c	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing 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)
Mailing Addre		Street Address:	nei o m
Registration Section Division of Corporations		Registration Se Division of Cor	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 MAR 26 AM 9: 44

FONT MOTOR LLC (Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company) 01/17/2024 The Articles of Organization for this Limited Liability Company were filed on ___ and assigned L24000033842 Florida document number ____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 9760 SW 51st Ave Enter new principal offices address, if applicable: Ocala FL 34476 (Principal office address MUST BE A STREET ADDRESS) 9760 SW 51st Ave Enter new mailing address, if applicable: Ocala FL 34476 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 9760 SW 51st Ave New Registered Office Address: Enter Florida street address _, Florida _ City

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
AMBR	MIGUEL FONT	9760 SW 51st Ave	□Add
		Ocala FL 34476	
			Change
			□Add
			Remove
			□Change
			□Remove
			□Change
			□Add
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	any other information, en		·	
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(If an effective d Note: If the	te, if other than the date of late is listed, the date must be speci date inserted in this block does ffective date on the Departmen	fic and cannot be prior to date of not meet the applicable stat	filing or more than 90 days aff	tional) er filing.) Pursuant to 605.0207 (3) nis date will not be listed as the
he record speci ord is filed.	ifies a delayed effective date, b	ut not an effective time, at 1	2:01 a.m. on the earlier of:	(b) The 90th day after the
Dated	March 18th	2024		
	Signatur	HH	recentative of a member	<u>.</u>
	Signatur			
		MIGUEL FON' Typed or printed name		

Filing Fee: \$25.00