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(Requestor's Name)	
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2024 APR -1 p.y. 3: 17

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE		MOTIVE LLC			
SOBJE	cı	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
		Adriana Marquez			
			Name of Person		
		Acmm Consulting, INC			
			Firm/Company		
		7791 Nw 46th Street Suite 206			
Address	 				
		Miami, Florida.			
		Adriana@acmmconsulting.	City/State and Zip Code		
			to be used for future annual repor	r notification)	
For furt	her information c	oncerning this matter, please ca	all:		
Adriana	Marquez.		786 420254		
	Name o	f Person	Area Code D	aytime Telephone Number	
Enclose	d is a check for th	ne following amount:			
■ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

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

Street Address: 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

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2024 APR -1 PM 3: 17

JAC AUTOMOTIVE, LLC

(Name of the Limited Liability Company as it now appears on our records:) A 17 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Life Florida document number L24000034696	iability Company v	were filed on 01/17/2	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liabi	lity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			Suite 206 Miami, Florida 33166
B. If amending the registered agent and/or r agent and/or the new registered office addresses.	C.	ddress on our recor	ds, <u>enter the name of the new registere</u>
Name of New Registered Agent:	ACMM CONSU	JLTING, INC	
New Registered Office Address:	7791 Nw 46th S	treet Suite 206	
- I I I I I I I I I I I I I I I I I I I		Enter Florida s	reet address
	Miami		, Florida <u>33166</u>
		City	Zip Code
Nam Danistanud Amantis Cianatura if abancina i	1		

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>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			DAdd
			□Remove
			☐ Change
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(If an effective Note: 1	re date, if other than the date of filing:
the record ford is file	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 d.
Dated _	93/20/2024 Adu Casa
	Signature of a member of authorized representative of a member