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(Requestor's Name)
(Address)
,
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(Address)
(City/State/Zip/Phone #)
<u>_</u>
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(Business Entity Name)
(Dasiness Entry Name)
(Document Number)
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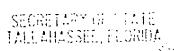
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2024 JUN 12 PM 3: 09





June 11, 2024

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: MARIA MOTORS SOLUTIONS LLC

Ref. Number: W24000088364

We have received your document for MARIA MOTORS SOLUTIONS LLC. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

L24000083201

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey Regulatory Specialist II

Letter Number: 224A00012692

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

PLEASE USE FUNDS FROM THIS AC		
Authorization Signature: MARIA MOTORS SOLUTIONS LLC	jungul-	
BUSINESS (Name)	Document #	
Walk in	Pick up time	
Mail out	Will wait	
Photocopy	Will wait 204 JUN 124 JUN 125 205 205 205 205 205 205 205 205 205 2	3
Certified Copy :	2 A	171
Certificate of Status	AN 10: 30	
NEW FILINGS	<u>AMMENDMENTS</u>	
ProfitNot for ProfitX_Limited LiabilityDomesticationCORPLLLPINC	AmendmentResignation of Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Conversion	
OTHER FILINGS	REGISTERATION/QUALIFICATIONS	
Annual Report	Foreign Filing Limited Partnership	
Fictitious Name	Dissolution/_Reinstatement/Revocation	
APOSTIL ()	TrademarkSTATEMENT OF SUTHORITY	
	EXAMINER'S INITIALS:	

COVER LETTER

TO: Registration Se Division of Cor						
	OTORS SOLUTIONS LLC					
SUBJECT:	Name of Lim	ited Liability Company				
	Amendment and fee(s) are sub- ondence concerning this matter					
	NOHEMI D PORTILLO F	RODRIGUEZ				
		Name of Person				
		Firm/Company				
	2516 ANNACELLA AVE					
		Address				
	KISSIMMEE FL, 34741				2024 .	
		City/State and Zip Code			2024 JUN 12 AM 10: 30	,
	E-mail address: (to be used for future annual report notifica	tion)	$m^{\frac{1}{2}}$	2 <u>≯</u>	j
For further information	concerning this matter, please c	all:			- K	Ĉ
NOHEMI D, PORTILL	O RODRIGUEZ	407 9731389 at ()		_ 11 E): 30	•
Name	of Person	Area Code Daytime To	elephone Number			
Enclosed is a check for	the 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 ! Certificate of Certified Cop (additional copy	Status & y		
Mailing Addre Registration		Street Address: Registration Section Division of Corpo				

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Compa	any as it now appears on our Liability Company)	record <u>s.</u>)		
-	(A Florida Limited I	Liability Company)			
The Articles of Organization for this Limited L	iability Comp a ny	were filed on 02/15/2024		_ and assigned	
Florida document number L24000083201	·,				
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name (of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	n "LLC" or the abbre	viation "L.L.C."	_
Enter new principal offices address, if applicable:		120 W CARROLL ST			
(Principal office address MUST BE A STREE		STE B			
		KISSIMMEE FL 34741			2024 Juli 2
				_	
Enter new mailing address, if applicable:		120 W CARROLL ST		2024	
(Mailing address MAY BE A POST OFFICE	BOX)	STE B			K
		KISSIMMEE FL 34741		the name of the new registered	
				in-	i i i
B. If amending the registered agent and/or		address on our records,	enter the name o	f the new regis	terec
agent and/or the new registered office addre	ess nere:				
Name of New Registered Agent:	PORTILLO RODRIGUEZ, NOHEMI D			- 1 3 3	
New Registered Office Address:	120 W CARRO	OLL ST STE B			
		Enter Florida street	address		
	KISSIMMEE		, Florida ³⁴⁷⁴¹		
		City		Zin Code	_

New Registered Agent's Signature, if changing Registered Agent:

MADIA MOTORE COLUCIONS LLC

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
MGR	Portillo Rodriguez, Nohemi D	120 W CARROLL ST STE B	
		KISSIMMEE FL 34741	□Remove
			Change
			🖸 Add
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			□ Change
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Tective date, if other than the date in effective date is listed, the date must be stee. If the date inserted in this block cument's effective date on the Department.	does not meet	the applicable	te of filing or mo statutory filing	e than 90 days afte	ional) ir filing.) Pursu is date will n	ant to 605.0 ot be listed
ecord specifies a delayed effective c is filed.	ate, but not an e	ffective time,	at 12:01 a.m. o	n the earlier of: (b) The 90th	day after t
ted JUNE 10)24				
		10PP				

Filing Fee: \$25.00