

L24000095527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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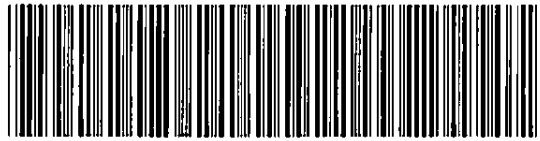
(Business Entity Name)

(Document Number)

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Handwritten signature

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOTOR MUZE AUTO GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE MIGUEL DE LEON C.

Name of Person

MOTOR MUZE AUTO GROUP LLC

Firm/Company

Po Box 772153

Address

ORLANDO FL 32877

City/State and Zip Code

ceo@motormuze.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE M. DE LEON C.

407

364-7802

at ()

Name of Person

Area Code

Daytime Telephone 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 Fee,
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**

MOTOR MUZE AUTO GROUP LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/19/2024 and assigned
Florida document number 1.24000085527.

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 "L.L.C."

Enter new principal offices address, if applicable:

3121 aqua virgo loop , Orlando FL 32837

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Po Box 772153 Orlando FL 32877

(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:

ALESKA G. DOMINGUEZ TAPIA

New Registered Office Address:

3121 aqua virgo loop

Enter Florida street address

orlando

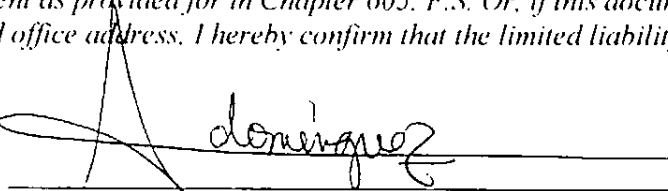
City

Florida 32837

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
P MGR	aleska G. dominguez tapia	1701 W wetherbee rd #772153, Orlando FL 32837	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Jose miguel de leon candelier	3121 aqua virgo loop orlando FL 32837 USA	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
S AMBR	Jose Miguel De leon Candelier	1701 W wetherbee rd #772153, Orlando FL 32837	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(P MGR) ALESKA G. DOMINGUEZ T. WILL BE The Registered Agent, PRESIDENT, and MGR

(JOSE M. DE LEON CANDELIER WILL BE (S & AMBR) SECRETARY & authorized Member

AND AUTHORIZED PERSON

CEO Jose m. de leon candelier will be removed

E. Effective date, if other than the date of filing: 05/29/2024 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated MAY 28Th . 2024 .

Signature of a member or authorized representative of a member

JOSE MIGUEL DE LEON CANDELIER

Typed or printed name of signee