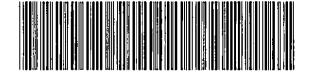
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L24000085527

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Office Use Only



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THE LOCATION OF THE PROPERTY O

	on Section of Corporations			
SUBJECT:	MOTOR MUZE	AUTO GROUP LLC		
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articl	es of Amendment and fee(s) are su	bmitted for filing.		
Please return all cor	respondence concerning this matte	r to the following:		
	,	ALESKA G. DOMINGUE	Z TAPIA	
		Name of Person		
	N	MOTOR MUZE AUTO GF	ROUP LLC	
		Firm/Company		
	3	121 AQUA VIRGO LOO	P	
		Address		
		ORLANDO FL 3	2837	
		City/State and Zip Code		
		eleondominguez03@gma (to be used for future annual		
For further informat	ion concerning this matter, please of		rejear nouncation)	
Aleska Dominguea	z tapia	407	364-7802	
N:	ame of Person	at () Area Code	Daytime Telepho	one Number
Enclosed is a check	for the following amount:			
□ \$25.00 Filing F	ee	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$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

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) 02/19/2024 The Articles of Organization for this Limited Liability Company were filed on and assigned L24000085527 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 "L.I.C" or the abbreviation "L.I.C." 18580 E. Colonial Dr. Unit 155 Enter new principal offices address, if applicable: ORLANDO FL 32820 (Principal office address MUST BE A STREET ADDRESS) 18580 E. Colonial Dr. Unit 155 Enter new mailing address, if applicable: ORLANDO FL 32820 (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: New Registered Office Address: Enter Florida street address

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
s	JOSE MIGUEL DE LEON C.	3121 AQUA VIRGO LOOP	🗆 Add
		ORLANDO FL 32837	⊠ Remove
			Change
			□ Add
			□ Remove
			Change
			🗆 Add
			🗆 Remove
			Change
		 	🗆 Add
			□ Remove
		.	Change
			🗆 Add
			□ Remove
			□ Change
			🗆 Add
			🗆 Remove
			🗆 Change

VVE	VANT TO TAKE OFF THE 3RD MEMBER THAT SAYS SAME NAME JOSE MIGUEL DE LEON C.(S)	
Tective (ite, if other than the date of filing: (optional)	
ote: If th	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, date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	020 d as
ecument's	effective date on the Department of State's records.	
ecord spe is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ited	OCTOBER 7th 2024	
	My S	
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ALESKA DOMINGUEZ TAPIA DAYTIME PHONE: 689-265-8280 & 407-364-7802

DELEONDOMINGUEZ03@GMAIL.COM

WE NEED A CERTIFICATE OF STATUS, IF YOU CAN SEND IT TO THE EMAIL.

Our mailing address for any documents of sunbiz 3121 aqua virgo loop orlando fl 32837

THANK YOU

The reason of this amendment is because we change the address and we add a 3rd same member by error in the las amendment .

Thank you.