

L24000085527

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2014-01-15 15:40:00

2014-01-15 15:40:00

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:

ALESKA G. DOMINGUEZ TAPIA

Name of Person

MOTOR MUZE AUTO GROUP LLC

Firm/Company

3121 AQUA VIRGO LOOP

Address

ORLANDO FL 32837

City/State and Zip Code

deleondominguez03@gmail.com

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

For further information concerning this matter, please call:

Aleska Dominguez tapia 407 364-7802  
Name of Person at ( ) 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

**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 L24000085527.

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:**

18580 E. Colonial Dr. Unit 155

**(Principal office address MUST BE A STREET ADDRESS)**

ORLANDO FL 32820

**Enter new mailing address, if applicable:**

18580 E. Colonial Dr. Unit 155

**(Mailing address MAY BE A POST OFFICE BOX)**

ORLANDO FL 32820

**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

Florida

City

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**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

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

JOSE MIGUEL DE LEON CANDELIER IS (AMBR) AND MANANGER (MGR)

WE WANT TO TAKE OFF THE 3RD MEMBER THAT SAYS SAME NAME JOSE MIGUEL DE LEON C.(S)

E. Effective date, if other than the date of filing: 08/07/2024 (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 OCTOBER 7th 2024

Aletha Dominguez  
Signature of a member or authorized representative of a member

Aletha Dominguez Tapia  
Typed or printed name of signee

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 .