L24000085527



| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



800438489048

10/25/24--01017--025 **25.00

COVER LETTER

| SUBJECT: | MOTOR MU | ZE AUTO GROUP, LLC | | | | |
|----------------------------|--|---|--|--|--|--|
| | Name of Lin | aited Liability Company | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | | |
| | ALE | SKA G. DOMINGUEZ TAPIA | | | | |
| | | Name of Person | | | | |
| | MO | FOR MUZE AUTO GROUP LL | C | | | |
| | - | Firm/Company | | | | |
| | | Address ORLANDO | | | | |
| | | | | | | |
| | | | | | | |
| | City/State and Zip Code | | | | | |
| | | leleondominguez03@gmail.com | | | | |
| For further information o | E-mail address: (concerning this matter, please co | to be used for future annual report n | otification) | | | |
| | · | | | | | |
| | OMINGUEZ TAPIA | 689 at () | 265-8280 | | | |
| Name o | l Person | Area Code Days | ime Telephone Number | | | |
| Enclosed is a check for th | ne 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 Addres | <u>s:</u> | Street Address: | | | | |

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

TO:

Registration Section Division of Corporations

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 | | |
|--|--|----------------------|
| (<u>Name of the Limited Liability Company as it now appea</u> (A Florida Limited Liability Company) | ers on our records.) | |
| The Articles of Organization for this Limited Liability Company were filed on | | _ and assigned |
| This amendment is submitted to amend the following: | | • |
| A. If amending name, enter the new name of the limited liability company h | <u>ere</u> ; | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the contains the words "Liability Company," the words "Liability Company," the words "Liability Company," the words "Liability Company," the words "Li | designation "LLC" or the abbre | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | · <u></u> |
| Enter new mailing address, if applicable: | | |
| | | |
| | : | |
| B. If amending the registered agent and/or registered office address on our r | | of the many assistan |
| agent and/or the new registered office address here: | ecorus, enter the name (| or the new register |
| No. a CNI do translation | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | rida street address | |
| | | |
| Circ | Florida | Zin Corb |
| New Registered Agent's Signature, if changing Registered Agent: | | raje (ouv |
| I hereby accept the appointment as registered agent and agree to act in this oppositions of all statutes relative to the proper and complete performance of | capacity. I further agree my duties, and I am fan | to comply with th |

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 | ALESKA G. DOMINGUEZ TAPIA | 3121 AQUA VIRGO LOOP, ORLANDO FL 32837 | □Add |
| | | | □Remove |
| | | | Change |
| S | JOSE M. DE LEON CANDELIER | 1701 W WETHERBEE RD #772153 | □Add |
| | | ORLANDO, FL 32837 | ≘ Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| | of that title is the sight one. Here I was a supply that I do I do I do I do I do |
|--------------|--|
| - | of that title is the right one. Here 1, we remove Jose Miguel de Leon as a "S": 2, change |
| | ALESKA DOMESGUEZ as "PMGR" to just "MGR" and stay with "Jose Miguel de Leon C." as "AMBR " |
| | - Final results: 2 members> (MGR)ALESKA DOMINGUEZ & and (AMBR) Jose Miguel de Leon c. |
| | Thank you |
| - | |
| • | |
| - | |
| - | |
| _ | |
| | |
| - | |
| - | |
| - | |
| _ | |
| _ | |
| | |
| - | |
| - | |
| | 10/12/2024 |
| eft le: | ive date, if other than the date of filing: (optional) ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tent's effective date on the Department of State's records. |
| | , |
| cor s fil | d 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 led. |
| ed | Wednesday October 23rd 2024 |
| | Alarka Januara |