## 121000104831

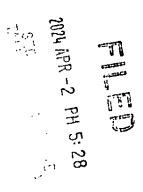
(Req	uestor's Name)	
DbA)	ress)	<del></del>
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: Fide	Tity Motor Name of Limit	LLC ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Dais	Name of Person		<u></u>
	Fidelile	Modor C Firm/Company	LC	
	<u>2180</u> u	DES-1 6 (D	ourt	
		City/State and Zip Code  NVeS+yen+5  to be used for future annual rep		nil-com
For further information co	ncerning this matter, please ca	all:		
Daissel Name of	Vigory Person	at ( <u>305</u> )at (ode	915 - 6 Daytime Telepho	388 ne Number
Enclosed is a check for the	following amount:			
区 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional 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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on o ited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L24000104831</u> .	nany were filed on <u>777</u>	-29-24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited  Fidelify Modor LUC  The new name must be distinguishable and contain the words "Limited E		tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	74 PPR -2
Enter new mailing address, if applicable:	*************************************	7 701
(Mailing address MAY BE A POST OFFICE BOX)		5.28
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our record	is, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
Advision to the second		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

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	Darsvel Vigon	2180 west 6 court	≛Add
		Higlesh, FL, 33010	IRemove
			<b>☆</b> Change
<u>ugr</u>	Abigail Vigor	2180 west 6 rourt	KlAdd
	) /	1180 west 6 rourt	= Remove
			// Change
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			= Remove
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			= Remove
			□Change

<u>te:</u> If	date, if other than the date of filing:
cord s s tiled	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
.cd	3/27/24
	Signature of a member or authorized representative of a member
	Dasal Vigua

Filing Fee: \$25.00