

L24000126896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

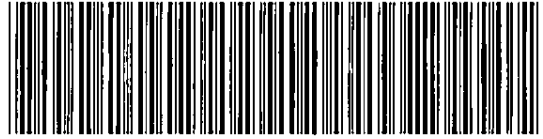
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2024 DEC 17 AM 8:12  
SECTION OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOTI INVESTMENTS LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAEL A. GAVIRIA

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

425 W COLONIAL DR, SUITE 303

\_\_\_\_\_  
Address

ORLANDO, FL, 32804

\_\_\_\_\_  
City/State and Zip Code

RAFAGA@GMAIL.COM

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

For further information concerning this matter, please call:

RAFAEL A. GAVIRIA

412

805-4755

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: MOTI INVESTMENTS LLC

2. (a) 7381 SW 34 TERRACE  
Principal office address of limited liability company:  
*(Note: **MUST BE STREET ADDRESS**)*

(b) 7381 SW 34 TERRACE  
Mailing address of limited liability company:  
*(Note: **MAY BE POST OFFICE BOX**)*

MIAMI, FL, 33155

MIAMI, FL, 33155

03/13/2024

L24000126896

3. Date of filing/registration in Florida 4. Document number

5. (a) RAFAEL A. GAVIRIA  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
7381 SW 34 TERRACE

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

MIAMI, FL 33155

(b) RAFAEL A. GAVIRIA  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

425 W COLONIAL DR, SUITE 303

ORLANDO, FL 32804

2024 DEC 17 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

RAFAEL GAVIRIA  
Printed or typed name of signer

*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.*

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00