Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number

(850)617-6383

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.

Account Number : I20180000068 Phone : (407)344-1012 Fax Number : (407)344-1371

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4X2 MOTTO & AUTO LLC

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Corporate Filing Menu

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COVER LETTER

	•			- Charles Adams
TO:	Registration Section			
	Division of Corp	orations		
	4X2 MOTTO	O & AUTO LLC		
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		Name of Lin	med Liability Company	
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inc en	tiosed Afficies of A	Amendment and fee(s) are sub	ommed for ming.	
Please	retum all correspor	dence concerning this matter	to the following:	
		CRISTHINA VAZQUEZ		
			Name of Person	
	,	FREEDOMTAX ACCOU	NTING & MULTISERVIC	ES INC
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		1016 E OSCEOLA PARK	WAY A STATE OF	
			Address	
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		KISSIMMEE, PL 34744		
			City/State and Zip Code	The participant of the control of
		CVAZQUEZ@FREEDOM	TAXFL.COM	
		E-mail address:	(to be used for future annual re-	port notification)
Co. 6	than information on	moerning this matter, please o	sall:	
For lur	mer intormation co	meeting ims matter, prease t	san.	
CRIST	HINA VAZQUEZ		407 344-	1012
	Name of	Person	Area Code	Daytime Telophone Number
	(Marie Ci	1 (720)	, , , , , , , , , , , , , , , , , , , ,	
Enclose	ed is a check for the	c following amount:		
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	Mailing Address	:	Street Add	iress:
	Registration S			ion Section

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

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

4X2 MOTTO & AUTO LLC

(Name of the Limited Limited Company as it nuw appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C		· · · · · · · · · · · · · · · · · · ·	and assigned 🦠
Florida document number L24000283127		Salar Sa	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	Ited liability compa	ıy here:	
		The second secon	Mary Constant The South Association
The new name must be distinguishable and contain the words "Lim	nited Liability Company,"	the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		o ja	
(Principal office address MUST BE A STREET ADDI	RESS)	A Same	·
	i jaring di samungan samungan Panggan samungan sam	- 10 mg	. · <u></u>
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B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on o	our records; enter the na	me of the new registere
Name of New Registered Agent			
Name of New Registered Agent: New Registered Office Address:			·
Name of New Registered Agent: New Registered Office Address:	Ente	r Florida street address	. 18 %
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	Ento City	िस्ता के हैं। है। अंतर्ग के अंतर्भिक्ष के स्वरंग	Zip Code
New Registered Office Address: Enter Florida street address Florida	City	िस्ता के हैं। है। अंतर्ग के अंतर्भ के सम्बद्ध	Zip Code
New Registered Office Address: New Registered Agent's Signature, If changing Registered I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register	City and agree to act in complete performan igent as provided for ed office address, I	this capacity. I further oce of my duties, and I	Zip Code Igree to comply with the Infamiliar with and Infinition of this document is
New Registered Office Address: New Registered Agent's Signature, If changing Registered I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register	City and agree to act in complete performan igent as provided for ed office address, I	this capacity. I further oce of my duties, and I	Zip Code Igree to comply with th In familiar with and In if this document is

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>	Name	Address Type of Action
MGR	VIVIANA C RUBIO	10937 MOSS PARK ROAD
		ORLANDO, FL 32832 ■ Remove
		Change
MGR	VIVIANA C DITREN	10937 MOSS PARK ROAD ■Add
		ORLANDO, FL 32832
		□ Remove
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