

Aug 15, 2024 4:25 PM
8/15/24, 4:05 PM

Division of Corporations

H 240002745383

L240002745383/27

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.
Account Number : 120180000068
Phone : (407)344-1012
Fax Number : (407)344-1371

2024 AUG 15 AM 3:57
TALLAHASSEE, FL 32309

FILED

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

Email Address: _____

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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

K. SALY

AUG 16 2024

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32309

Aug 15, 2024 4:25 PM

COVER LETTER

4240002 1: 2794 5: 2
192363

TO: Registration Section
Division of Corporations

SUBJECT: 4X2 MOTTO & AUTO 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:

CRISTHINA VAZQUEZ

Name of Person

FREEDOMTAX ACCOUNTING & MULTISERVICES

Firm/Company

1016 E OSCEOLA PARKWAY

Address

KISSIMMEE, FL 34744

City/State and Zip Code

CVAZQUEZ@FREEDOMTAXFL.COM

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

For further information concerning this matter, please call:

CRISTHINA VAZQUEZ

407

344-1012

at ()

Name of Person

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

1: 2796
H240002745383
FILED
2024 AUG 15 AM 3:57
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

4X2 MOTTO & AUTO 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 06/21/2024 and assigned
Florida document number L24000283127

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:

(Principal office address MUST BE A STREET ADDRESS)

6827 PARTRIDGE LN

SUITE 75

ORLANDO, FL 32807

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

6827 PARTRIDGE LN SUITE 75

Enter Florida street address

ORLANDO

City

Florida 32807

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	VIVIANA C DITREN	10937 MOSS PARK ROAD	<input type="checkbox"/> Add
		ORLANDO, FL 32832	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS E RUBIO	6827 PARTRIDGE LN	<input type="checkbox"/> Add
		SUITE 75	<input type="checkbox"/> Remove
		ORLANDO, FL 32807	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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1: 2794
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

AMENDED TO CHANGE PRINCIPAL ADDRESS, REGISTERED AGENT ADDRESS, MGR ADDRESS,

AND TO REMOVE VIVIANA C DITREN.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: _____ (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 AUGUST 15, 2024

CARLOS E RUBIO

Signature of a member or authorized representative of a member

CARLOS E RUBIO

Typed or printed name of signer