Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000108578 3)))



H250001085783ABC3

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VANJOPI SOLUTIONS INC

Account Number : 120220000179 Phone : (201)658-4981

Fax Number : (407)289-8988

**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 MOTOR HUB USA LLC

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Sec Division of Corp	ction porations		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	Name of Limited Liability Company Inticles of Amendment and fee(s) are submitted for filling. It correspondence concerning this matter to the following: MARIA DEL PILAR RUIZ Name of Person GLOBAL SOLUTION & TAX SERVICE LLC Firm/Company 2469 FORMAX DRIVE Address ORLANDO, FLORIDA 32828 City-State and Zip Code global.sol.tax/figgmail.com F-mail address: to be used for future annual report notification) formation concerning this matter, please call: PH.AR RUIZ Name of Person To are Code Certificate of Status Certificate Copy tadditional copy is enclosed) Image Address: Listration Section Registration Section Division of Corporations		
		Name of Person	
	GLOBAL SOLUTION & T	AX SERVICE LLC	
		Firm/Company	
	2469 FORMAX DRIVE		
		Address	
	ORLANDO, FLORIDA 32	828	
		City-State and Zip Code	
	global.sol.tax@gmail.com	1 2 amount more than	ritication)
For further information of			, meaning
MARIA DEL PILAR RUIZ		407 715-4947	
Name (of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addre			Section
		Division of C	orporations
P.O. Box 63	27		f Tallahassee roe Street, Suite 810
Tallahassee,	FL 32314	2413 N. WIUD	roe sheet, suite are

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOTOR HUB USA LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our reco- liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company forida document number <u>L25000116040</u> .	were filed on <u>03*10/2025</u>	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	545 N MISSION RD	
Principal office address MUST BE A STREET ADDRESS	ORLANDO, FL 32808	
and the second control of the second control		025 HAR
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	545 N MISSION RD	24
arguing address (1217-1123) 1-697-9.	ORLANDO, FL 32808	₹ 5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street ad	dress
distance of the second	City	Florida
Standard if shaquing Registered Agent	•	

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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			∂Add
			□Remove
			□Add
			□ Remove
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record specifies a delayed effective is filed.	date, but not an effective t	ime, at 12:01 a.m. on the			
	2025			9. <u>19</u> 51.6	
MARCH 24		·	(1)	ı	
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Liliona &	Signature of a member or aud	norized representative of a t	nember		_

Filing Fee: \$25.00