## T22000013618

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A. BUTLER
JUL 19 2022

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATIO	N: MOT TRAIL	is Inc		
DOCUMENT NUMBER: _	022000013618			
The enclosed Articles of Am	endment and fee are su	bmitted for filing.		
Please return all corresponde	nce concerning this ma	tter to the following:		
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For further information conc	erning this matter, pleas	se call:		
Hutran	Bent	at ( 407	de & Daytime Telephone Numb	
Name of Con	tact Person	Area Co	de & Daytime Telephone Numb	per
Enclosed is a check for the fe	ollowing amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing A Amendmen Division of		Amend	Address Iment Section on of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

FILED

(Name of Cornogation as currenth	filed with the Florida Dept of State 1 6: 04
(Document Number of	Corporation (if known) ALLACAC SEE, FI
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation;	
N.J.	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Fiorida, enter the name of the
Name of New Registered Agent A) / A	
(Florida stre	pet address)
New Registered Office Address:	, Florida
·	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
A I M	egistered Agent, if changing
Signature of New Re	egistered Agent, if changing
Charle Manuflankla	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	<u>1 Doe</u>	
X Remove	<u>Y</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) <u> ·</u> Change	2	Kritan Bearl	1604 N Powers Dr.
Add			Orlundo, FC 328 FE
Remove		_	
2) <u>L</u> Change		Rawl GonZales Flut	3251 Split willow D
Add			Orland, FC 32808
Remove Change			
Add			
Remove			
4) Change			1 2 5 7 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

NA	ecessary). (Be spec	cific)		
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If an amendment provides f	or an exchange, rec	ciassification, or canc	runted of issued Stat	<del>1</del>
provisions for implementin	g the amendment i	f not contained in the	amendment itself:	
If an amendment provides for provisions for implementin (if not applicable, indica	g the amendment i	f not contained in the	amendment itself:	
provisions for implementin (if not applicable, indica	ig the amendment in the N/A)	f not contained in the	amendment itself:	
(if not applicable, indica	ig the amendment in the N/A)	f not contained in the	amendment itself:	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 02/09/2072	
Effective date if applicable: UZ   U9   LOTL (no more than 90 days after amendment file date	·//
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without sharel action was not required.	nolder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the arby the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by Kal Garages Flose " (voting group)	
(voting group)	
Dated	
Dated	
(By a director, president or other officer – if directors or officers have	not been
selected, by an incorporator – if in the hands of a receiver, trustee, or	
appointed fiduciary by that fiduciary)	
Haran Board	
(Typed or printed name of person signing)	
<i>Q</i>	
(Title of person signing)	· ——————



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 27, 2022

KATAN BEARD - Katran Bend 1604 N POWERS DR. ORLANDO, FL 32818

SUBJECT: MOT TRAITS INC Ref. Number: P22000013618

We have received your document for MOT TRAITS INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A PROFIT CORPORATION DOES NOT HAVE OWNERSHIP, BUT SHARES.

Fixed Paperwork

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 922A00014382

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