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AND
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2021 DEC -8 PM 2: 30
SECNEL SESSEL, FLORIDATE
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## **COVER LETTER**

TO: Registration S Division of Co			e e e e e e e e e e e e e e e e e e e
	CMG MOTO	R LLC	**
SUBJECT:	Name of Lin	nited Liability Company	<u>.                                    </u>
The enclosed Articles o	f Amendment and fee(s) are suf	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	MARTA VERONICA MA	ARINELLO	
		Name of Person	
		Firm/Company	<del></del>
	18865 NW 55 AVE		
		Address	
	MIAMI FLORIDA 33055		
	MARTAC786@AOL.CON	City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
MARTA VERONICA	MARINELLO	305 510-7809 at ()	
Name	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for	the following amount:		
A \$25.00 Filing Fee	\$30.00 Filing Fee & —— Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	Section	Street Address: Registration So	
Division of C P.O. Box 633		Division of Co The Centre of	- <del>-</del>
Tallahassee,			pe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APPROVEU AND FILED

CMG MOTOR I	LC	2021 DEC -8	PM 2:30
	ited Liability Company as it now ap (A Florida Limited Liability Compa	1.314 0.96NNt	r flinis
The Articles of Organization for this Limited I		November 22, 2021	and assigned
Florida document number	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compan	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on o	ur records, <u>enter the name of</u>	the new registered
Name of New Registered Agent:	CARLOS MIGUEL ELIAS		
New Registered Office Address:	4631 SW 99 AVE		
<u>-</u>	Enter	Florida street address	

## 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.

MIAMI

If Changing Registered Agent Signature of New Registered Agent

\_, Florida 33165 Zip Code 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>	Address	Type of Action
MGR	CARLOS MIGUEL ELIAS	4631 SW 99 AVE MIAMI, FLORIDA 33165	■Add
			□Remove
			□Change
MGR	CARLOS E MAROTTA	4631 SW 99 AVE MIAMI, FLORIDA 33165	
			■Remove
			Change
			🗆 Add
			□ Remove
		<del>-</del>	☐ Change
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E. Effective date, if other than the	date of filing:		(optional)
(If an effective date is listed, the date must <b>Note:</b> If the date inserted in this blo document's effective date on the De	be specific and cannot be prior ek does not meet the appli	or to date of filing or more than the cable statutory filing require	00 days after filing.) Pursuant to 605,020
If the record specifies a delayed effective ecord is filed.	date, but not an effective	time, at 12:01 a.m. on the ea	urlier of: (b) The 90th day after th
Dated DECEMBER 07,	2021	·	
Dated DECEMBER 07.	1 E		
	Signature of a piember or auth	parized representative of a men	ber

Typed or printed name of signee