

L08000048759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

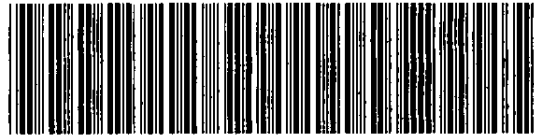
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000163792650

12/21/09--01046--010 \*\*25.00

FILED

09 DEC 21 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 22 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: G Motors 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:

Susan Garces

Name of Person

G motors LLC

Firm/Company

5904 Riverside Dr

Address

Port Orange/Florida 32127

City/State and Zip Code

s\_garces@hotmail.com

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

For further information concerning this matter, please call:

Susan Garces

Name of Person

at ( 386 )

852-8793

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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
09 DEC 21 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G motors LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Rafael A Garces	5904 Riverside Dr. Port Orange, FL 32127	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
 09 DEC 21 PM 2:07  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated 12-18-09, \_\_\_\_\_

  
 Signature of a member or authorized representative of a member

Susan Garces  
 Typed or printed name of signee