

L11000060735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

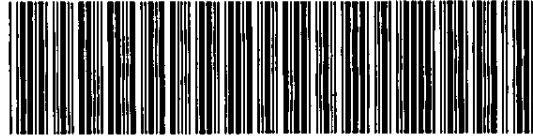
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100267724171

12/29/14--01029--018 **30.00

FILED
14 DEC 29 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 12 2015

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Motor Consultants, 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:

Clyde Hancock

Name of Person

Motor Consultants, LLC

Firm/Company

9855 132nd St. N.

Address

Seminole, FL 33776

City/State and Zip Code

clyde_44@msn.com

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

For further information concerning this matter, please call:

Clyde Hancock

727
at (_____) _____

595-1989

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/COURIER ADDRESS:

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

Motor Consultants, LLC

The Articles of Organization for this Limited Liability Company were filed on May 23, 2011 and assigned Florida document number L11000060735.

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

Enter Florida street address

_____, Florida
City

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	James R. Hendershot	102 Triano Circle, Venice, FL 34292	<input type="checkbox"/> Add
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 DEC 2008 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

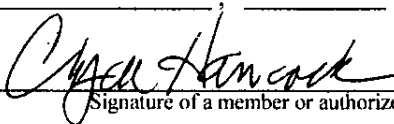
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

James R. Hendershot is retiring as of December 31, 2014

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 23 2014



Signature of a member or authorized representative of a member

Clyde Hancock

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 DEC 29 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA