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J. SAULSBERRY **EXAMINER** 

AUG 2 2011

## **COVER LETTER**

TO: Registration So Division of Cor					
SUBJECT:	REW Motor C	Broup L.L.C.			
	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	MR. Rober	Name of Person			
	Réwn	NOTOR GROUP Firm/Company			
	7051 Musk	ogee Strel		74 TA:S	
	OHandu. F	32807 City/State and Zip Code		ZBII AUG - I AM S'U SECRETARY OF STATE TALLAHASSEE, FLORIG	FLED
	RWNOTOFG' E-mail address: (to	HOUP @ GMAIL. COM o be used for future annual report notifica	tion)	RY OF SEE, F	
	concerning this matter, please ca				
Mr. Rube Name o	of Person	at ( 407) 499-42 Area Code & Daytime T	46 Gelephone Number		•
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R & W MUTUR (Name of the Limited Liability Compai (A Florida Limited L	Group L.L.C.  Ty as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L-11000081229</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
	X		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:	X		
(Principal office address MUST BE A STREET ADDRESS)		SECR A	
Enter new mailing address, if applicable:	X	AUG-1 AH	
(Mailing address MAY BE A POST OFFICE BOX)		9: 08	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>ente</u> :	r the name of the new	
Name of New Registered Agent:	X		
New Registered Office Address:	Enter Florida street a	uddress	
		, and the second	
	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of	ete performance of my duties, and rovided for in Chapter 608, F.S. O	I am familiar with and r, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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> Address Type of Action Mr. Mehdi Falah Pour MGRM Add ☐ Remove X ☐ Add Remove ☐ Add Remove X ☐ Remove  $\square$ Add Remove X ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Roberto Cotro

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00