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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan OCT 24 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: R & W MOTOR GROUP 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:

**ROBERTO COTTO**

Name of Person

**R & W MOTOR GROUP LLC**

Firm/Company

**11001 SITING PLACE**

Address

**ORLANDO, FLORIDA 32825**

City/State and Zip Code

**rwmotorgroup@gmail.com**

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

For further information concerning this matter, please call:

**ROBERTO COTTO**

Name of Person

at ( 407 )

**992-7412**

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

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TALLAHASSEE, FLORIDA  
or records.)

**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

**This amendment is submitted to amend the following:**

N/A

11001 SITING PLACE

ORLANDO FL 32825

11001 SITING PLACE

ORLANDO FL 32825

N/A

N/A

Enter Florida street address

\_\_\_\_\_, **Florida**

City

*Zip Code*

**If Changing Registered Agent, Signature of New Registered Agent**

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

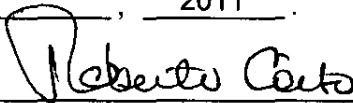
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SOHEILA MIZBANI	4293 STEED TEER WINTER PARK FL 32792	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> 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

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

N/A

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TALLAHASSEE, FLORIDA

Dated OCTOBER 14, 2011



Signature of a member or authorized representative of a member

ROBERTO COTTO

Typed or printed name of signee