

L17000022942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

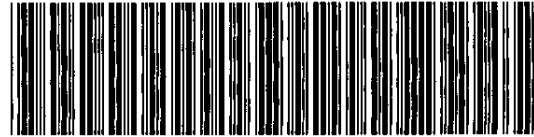
(Business Entity Name)

(Document Number)

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APR 25 2017

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17 APR 24 PM 2:32

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MOTORZ 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:

JESSE DAVID CHAMBERS

\_\_\_\_\_  
Name of Person

MOTORZ LLC

\_\_\_\_\_  
Firm/Company

7723 ELLIS ROAD SUITE F

\_\_\_\_\_  
Address

WEST MELBOURNE, FLORIDA, 32904

\_\_\_\_\_  
City/State and Zip Code

MOTORZLLC@GMAIL.COM

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

For further information concerning this matter, please call:

JESSE DAVID CHAMBERS

321 446-7023  
at ( )

\_\_\_\_\_  
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

## MOTORZ LLC

Page 1 of 3

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>      | <u>Address</u>                           | <u>Type of Action</u>                   |
|--------------|------------------|------------------------------------------|-----------------------------------------|
| AMBR         | MICHAEL M BARROW | 1977 PINWOOD RD, MELBOURNE, FL.<br>32934 | <input checked="" type="checkbox"/> Add |
|              |                  |                                          | <input type="checkbox"/> Remove         |
|              |                  |                                          | <input type="checkbox"/> Change         |
|              |                  |                                          | <input type="checkbox"/> Add            |
|              |                  |                                          | <input type="checkbox"/> Remove         |
|              |                  |                                          | <input type="checkbox"/> Change         |
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative

~~Signature of a member or authorized representative of a member~~

\_\_\_\_\_  
Typed or printed name of signee

Typed or printed name of signee