

L19 0000 27935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

CS
4/15/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NO MOTOR ZONE CHARTERS 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:

JOSEPH B HARRISON

Name of Person

NO MOTOR ZONE CHARTERS LLC

Firm/Company

23285 ORANGE AVENUE

Address

FORT PIERCE / FLORIDA 34945

City/State and Zip Code

JHARRISON3218@GMAIL.COM

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

For further information concerning this matter, please call:

JOSEPH B HARRISON

772 204-3174
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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CLERK OF STATE
TALLAHASSEE, FL

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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> |
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SECRETARY OF STATE
TALLAHASSEE, FL

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2021 FEB 19 PM 3:20
SECRET
TALAMON, SHERIFF, FL
OFF STATE

SECRET
TOP SECRET
TAL (NO) (SECRET)
2021 FEB 19 PM 3:20
FILED

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated 15th FEBRUARY 2021

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00