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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

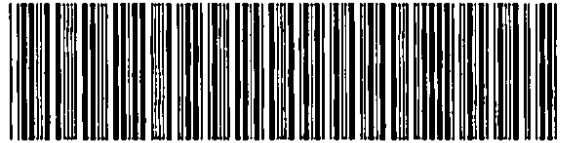
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2019 APR 22 10 29

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APR 30 2019
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RTM MOTORS 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:

REGINAL M. MALDEN

Name of Person

RTM MOTORS LLC

Firm/Company

14421 LAKE JESSUP DRIVE

Address

JACKSONVILLE, FLORIDA 32258

City/State and Zip Code

RTMMOTORS@YAHOO.COM

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

For further information concerning this matter, please call:

REGINAL M. MALDEN

571

991-9146

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

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2019 APR 22 P 3:29

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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> |
|--------------|-------------------|---|--|
| MGR | TIMOTHY L. MALDEN | 1433-4 ROMNEY STREET JACKSONVILLE, FL. 32211 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated _____, _____

Paul M. Mallet
Signature of a member or authorized representative of

Signature of a member or authorized representative of a member

Reginald M. Marden

Typed or printed name of signee