

L20000205568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

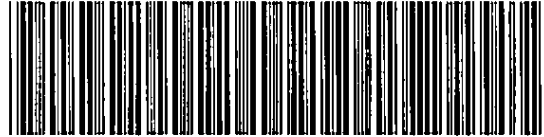
(Business Entity Name)

(Document Number)

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2020 AUG 20 PM 4:45  
TALLAHASSEE, FL  
CLERK OF COURT  
JENNIFER A. HARRIS

D. BRUCE  
OCT 06 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ENCAMOTORS 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:

RAZZOUK TURFIMANI

Name of Person

ENCAMOTORS LLC

Firm/Company

9937 NOB HILL LANE

Address

SUNRISE, FL 33351

City/State and Zip Code

RTURFIMANI@GMAIL.COM

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

For further information concerning this matter, please call:

ANGELICA VELASQUEZ

at (786) 286-8324

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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TALLAHASSEE, FL  
SECRETARY OF STATE

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

The Articles of Organization for this Limited Liability Company were filed on 07/15/2020 and assigned Florida document number L20000205568.

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

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

City

**, Florida**

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

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

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

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	ARELLANO, MILLER	9937 NOB HILL LANE SUNRISE, FL 33351	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECURITY  
TALLAHASSEE, FL  
STATE OF FLORIDA

SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01-11-2001 BY 60322 UCBAW

2020 AUG 20 PM 4:43  
SECRETARY OF DEFENSE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-20-20 BY 60322 UCBAW

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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.

Dated AUGUST 13 2020

- DocuSigned by:

Razzouk T

Signature of a member or authorized representative of a member

RAZZOUK TURFIMANI

Typed or printed name of signee