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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

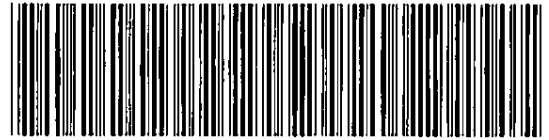
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/27/23--01020--015 ++30.00

2023 OCT 27 AM 9:18

cf 11/15/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gro Moter Logistics 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:

Francesse Petitpapa
Name of Person

Gro Moter Logistics LLC
Firm/Company

5569 S Orange Blossom Trail, Suite "B"
Address

Orlando, FL, 32839
City/State and Zip Code

Support@GroMoterLogisticsLLC.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francesse Petitpapa at (407) 486-3920
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

2023 OCT 27 AM 9:18

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

09/28/2020

Gro Motor Logistics LLC

5569 S Orange Blossom Trail
Suite "B"
Orlando, FL, 32839

5569 S Orange Blossom Trail
Suite "B"
Orlando, FL 32839

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

As of the year 2023, I am Venturing into a new career path which will now be in trucking & Logistics. This is the Reason I am changing my LLC name.

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 10/23/2023



Signature of a member or authorized representative of a member

Francesc Petit Papa

Typed or printed name of signer