

122000322150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

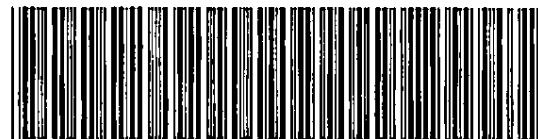
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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故此，我們在研究中，應當把社會主義的道德和社會主義的法律，看作是社會主義道德和法律的統一。

22 AUG 30 AM 10:30

SECTION OF COMPUTATION

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228

COVER LETTER

TO: **Registration Section**
Division of Corporations

RALF'S MOTORS LLC

SUBJECT: _____
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:

RAFAEL ESCALONA

Name of Person

RALF'S MOTORS LLC

Firm/Company

3724 CASTLE PINE LANE APT 4231

Address

ORLANDO / FL 32839

City/State and Zip Code

mfurdaneta@mvzconsultingserv.com

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

For further information concerning this matter, please call:

RAFAEL ESCALONA

786 2346230

Name of Person

at (_____)

Area Code

Daytime Telephone Number

FLORIDA
DEPARTMENT OF
STATE
REGISTRATION
AND
CORPORATIONS

22 AUG 30 AM 10:30

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

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

22 AUG 30 AM 10:30

THE STATE OF THE
DIVISION OF COMMERCE

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 08/15/2022 01:05 PM


Paul D. Smith

Signature of a member or authorized representative of a member

RAFAEL ESCALONA

Type or printed name of signee