

L23000101758

(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:

Registered Agent
Signature

Office Use Only



400412249794

07/17/23--01014--002 **25.00

FILED

2023 AUG 23 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FL

AUG 24 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOTORCYCLE PARTS DISTRIBUTOR 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:

Juan Diaz

Name of Person

JD Advisers Group, Co

Firm/Company

2598 E Sunrise Blvd Suite 2006

Address

Fort Lauderdale, FL 33304-3230

City/State and Zip Code

juan.diaz@jddadvisersgroup.com

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

For further information concerning this matter, please call:

Angie Cinto

954

256-8117

at ()

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FL

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

RECEIVED

AUG 23 2023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2023

JUAN DIAZ
2598 E SUNRISE BLVD
SUITE 2006
FORT LAUDERDALE, FL 33304-3230

SUBJECT: MOTORCYCLE PARTS DISTRIBUTOR LLC
Ref. Number: L23000101758

We have received your document for MOTORCYCLE PARTS DISTRIBUTOR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 923A00018779

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2023 AUG 23 AM 8:32
SECRETARY OF STATE
TALLAHASSEE FL

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

Florida document number L23000101758

N/A

4146 Staghorn Ln, Weston, FL 33331

4146 Staghorn Ln, Weston, Fl. 33331

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>
AMBR	Mailen Ester Teran Vargas	4146 Staghorn Ln, Weston, FL 33331	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Francisco Cumplido	4146 Staghorn Ln, Weston, FL 33331	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carmen M Escalona	4146 Staghorn Ln, Weston, FL 33331	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00