

L24000388578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

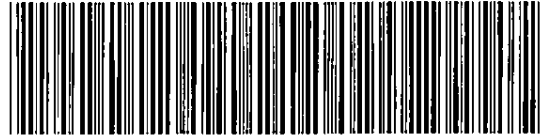
(Document Number)

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2011-11-15 11:34:15

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MOTORUNN3R L.L.C

\_\_\_\_\_  
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:

HUGO VARGAS

\_\_\_\_\_  
Name of Person

VM ADVISERS GROUP

\_\_\_\_\_  
Firm/Company

924 EAST 25TH STREET

\_\_\_\_\_  
Address

HALEAH, FL 33013

\_\_\_\_\_  
City/State and Zip Code

ELIANYTAXPRO@GMAIL.COM

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

For further information concerning this matter, please call:

HUGO VARGAS

786  
at ( )

705-1149

\_\_\_\_\_  
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

**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>
P	WILMER CASTILLO	3614 DOHERTY PLACE	<input checked="" type="checkbox"/> Add
		KATTY FL 77449	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JHOAMKARELY	3614 DOHERTY PLACE	<input checked="" type="checkbox"/> Add
		KATTY FL 77449	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

**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: 10/08/2024 (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 10/08 2024

*[Handwritten signature]*

Signature of a member or authorized representative of a member

HUGO VARGAS

Typed or printed name of signee

**Filing Fee: \$25.00**