

LOS000076124

(Requestor's Name)

JULIUS FAUSTO  
8111 CUMBERLAND GAP TR. N  
JACKSONVILLE, FL. 32244

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

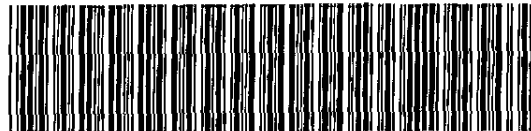
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

LOS-76124  
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**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:

INTRIKIT GEAR LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

LEROY ROBERTS IS TO BE REMOVED  
FROM THE COMPANY, PLEASE REMOVE HIS  
NAME, AND THE NEW MANAGING MEMBER  
IS JIMMY FAUSTO HIS ADDRESS IS 8111 CUMBERLAND GAP TR  
JULIUS FAUSTO IS NOW A MEMBER OF THE COMPANY JACKSONVILLE, FL 32244

Dated: AUG, 23, 2005

Julius Fausto  
Signature of a member or authorized representative of a member

JULIUS FAUSTO

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

INTRIKIT GEAR LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

8111 CUMBERLAND GAP TRAIL N  
JACKSONVILLE, FL 32244

← SAME

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

JULIUS M. FAUSTO

Name

8111 CUMBERLAND GAP TRAIL N

Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE, FLORIDA 32244

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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 608, F.S.

Julius Fausto

Registered Agent's Signature

(CONTINUED)

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FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

JULIUS M. FAUSTO  
8111 CLIMBERLAND GAP TRAIL N  
JACKSONVILLE FLORIDA 32244

MGRM

JESSICA R. TAPLEY  
JACKSONVILLE FLORIDA 32244  
8111 CLIMBERLAND GAP TRAIL NORTH

MGRM

LEROY ROBERTS  
4371 COLLINS ROAD APT 204  
JACKSONVILLE, FLORIDA 32244

MGRM

JOSHUA WINKLER  
3612 RAYMOND DRIVE  
ATLANTA, GEORGIA 30340

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JULIUS M. FAUSTO

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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