

L07000052991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

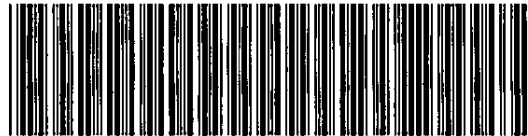
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100269889141

02/26/15--01019--021 **60.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 FEB 26 AM 12:56

FILED

MAR 12 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fort Huffstetler Adventures 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:

Tresha Paulette Wilkins
Name of Person

Fort Huffstetler Adventures
Firm/Company

1150 W. Jefferson St.
Address

Brooksville FL 34601
City/State and Zip Code

Fhuffstetleradvtr@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tresha Paulette Wilkins at (352) 796-4100
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Fort Huffstetler Adventures LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
--------------	-------------	----------------	-----------------------

MGR	Jesse David Whitman	23227 Jacobson Rd	<input checked="" type="checkbox"/> Add
-----	---------------------	-------------------	---

		Brooksville FL 34601	<input type="checkbox"/> Remove
--	--	----------------------	---------------------------------

MGR	Tresha Pauletta Huffstetter		<input type="checkbox"/> Add
-----	-----------------------------	--	------------------------------

			<input checked="" type="checkbox"/> Remove
--	--	--	--

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

FILED
2015 FEB 26 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2-23, 2015.

Tresha Paulette Wilkins

Signature of a member or authorized representative of a member

Tresha Paulette Wilkins

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2015 FEB 26 AM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED