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(City/State/Zip/Phone #)

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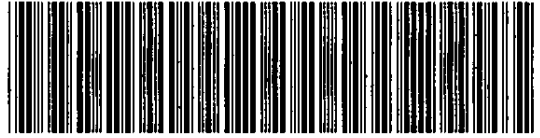
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O. 10 OCT 12 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Immortal Custom Creations, 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:

J. Scott Sloan
Name of Person

Immortal Custom Creations, LLC
Firm/Company

18340 Powell Rd
Address

Brooksville, FL 34604
City/State and Zip Code

scott@immortalbikewerks.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. Scott Sloan at (352) 2163-5545
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
09 OCT -9 AM 10:19

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7-29-08 and assigned Florida document number L08000072524.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

18340 Powell Rd.
Brooksville, FL 34604

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18340 Powell Rd.
Brooksville, FL 34604

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

J. Scott Sloan

New Registered Office Address:

18340 Powell Rd.

Enter Florida street address

Brooksville, Florida 34604
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Pamela Thomason	2939 Landover Blvd. Spring Hill, FL 34608	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	J. Scott Sloan	18340 Powell Rd Brooksville, FL 34604	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MBR	Tarra Kuprel	18340 Powell Rd Brooksville, FL 34604	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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TALLAHASSEE, FLORIDA

Dated October 6, 2009.

Signature of a member or authorized representative of a member
J. Scott Sloan
Typed or printed name of signee