

L09000021243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

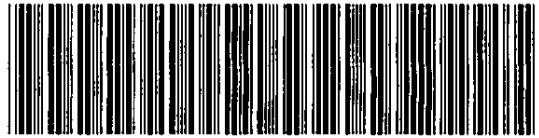
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 10 2009

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Kotwas 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:

Richard Strickland
Name of Person

Firm/Company

1505-B Capital Circle NW
Address

Tallahassee, FL 32303
City/State and Zip Code

RichardStrickland.pb@gmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Richard Strickland at (850) 879-0800
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**

Kotwas LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/2/2009 and assigned
Florida document number L09000021243.

This amendment is submitted to amend the following:

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

RGR Repair LLC

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:

1505-B Capital Circle NW

(Principal office address MUST BE A STREET ADDRESS)

Tallahassee, FL 32303

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Richard Strickland

New Registered Office Address:

1505-B Capital Circle NW

Enter Florida street address

Tallahassee

, Florida

32303

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.


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

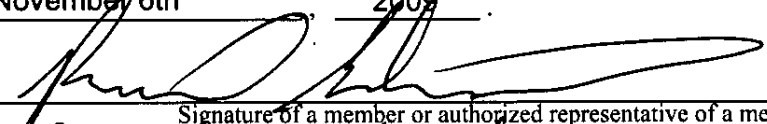
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Richard Strickland	102 Iowa Lane Tallahassee, FL 32305	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Gary Small	315 Arden Road	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Robert Gutierrez	550 Ox Bottom Road Tallahassee, FL 32312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Bob Kotwas	310 Blount St Unit 218 Tallahassee, FL 32301	<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

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

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TALLAHASSEE, FLORIDA

Dated November 6th 2009



Signature of a member or authorized representative of a member
Richard Strickland

Typed or printed name of signee