

L0900004/013

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(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wild Style Kustoms, 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:

Ceasar D Richbow Jr  
Name of Person

Wild Style Kustoms, LLC  
Firm/Company

2212 S. Chickasaw Trail Suite # 177  
Address

Orlando, FL 32825  
City/State and Zip Code

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Ceasar D Richbow Jr at (407) 575-6044  
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

Wild Style Customs, UC

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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	Cesar D Richbow Jr	2212 S. Chickasaw Trail	<input checked="" type="checkbox"/> Add
		Orlando, FL 32825	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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JUL - 3 2010

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

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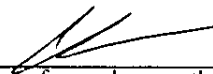
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 July 2<sup>nd</sup> , 2014 .

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Cesar David Richbow Jr  
\_\_\_\_\_  
Typed or printed name of signee

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