

L100000 87900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

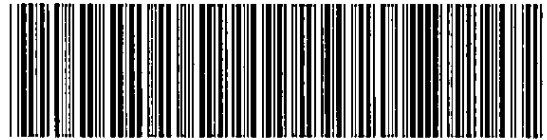
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/25/13--01027--025 \*\*25.00

JUN 25 AM 8:51

FILED

JUN 25 2013  
Clerk

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** STORERIGHT MANAGEMENT, 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:

Kyle H. Jensen

\_\_\_\_\_  
Name of Person

Clark, Campbell, Lancaster & Munson, P.A.

\_\_\_\_\_  
Firm/Company

500 South Florida Ave., Suite 800

\_\_\_\_\_  
Address

Lakeland, FL 33801

\_\_\_\_\_  
City/State and Zip Code

khjensen@cclmlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyle H. Jensen

863

647-5337

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

JUL 23 4 48:51 PM '00

JUN 20 11 48:57

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Matthew R. Clark	P.O. BOX 1869	<input type="checkbox"/> Add
		LAKELAND, FL 33802-1869	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Thomas F. Anderson	P.O. BOX 1869	<input type="checkbox"/> Add
		LAKELAND, FL 33802-1869	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

6/24/19

Roll 7. Ue

Signature of a member or authorized representative of a member

Ronald L. Clark

Typed or printed name of signee