

U1 0000 107835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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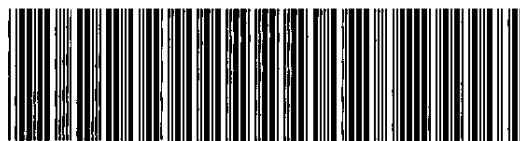
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

NOV - 2 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: thir Ben customs 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:

Benjamin Amitage
Name of Person

thir Ben customs LLC
Firm/Company

2177 Andrew Lane
Address

Fort Myers, FL 33912
City/State and Zip Code

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

For further information concerning this matter, please call:

Benjamin Amitage at (407) 770 5413
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

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TALLAHASSEE, FLORIDA

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

Page 1 of 2

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	Benjamin Armitage	9579 Roundstone Circle Fort Myers FL 33967	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	M Power Technologies	19260 La Serena Dr. Fort Myers FL 33967	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Kris Cromwell	41121 SE 18 th AVE. Cape Coral FL 33904	<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.)

Dated _____

Signature of a member or authorized representative of a member
Benjamin Armitage
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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