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(Address)

(Address)

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(Business Entity Name)

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13 OCT 24 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **10-8STORE 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:

Ronnie McCarron

Name of Person

10-8STORE LLC

Firm/Company

1860 Cowan Drive

Address

Titusvill, Florida 32796

City/State and Zip Code

ron@10-8store.com

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

For further information concerning this matter, please call:

Ronnie McCarron

Name of Person

at **321 4807334**

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

10-8STORE LLC

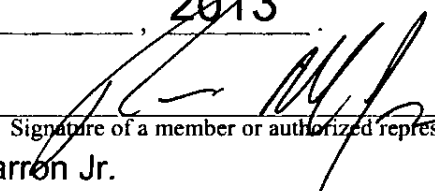
Page 1 of 3

MGR = Manager
MGRM = Managing Member

Remove
13 OCT 24
Add
4 APR 26
Remove

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

Dated October, 01, 2013


Signature of a member or authorized representative of a member

Ronnie McCarron Jr.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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