

L110VVV632202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

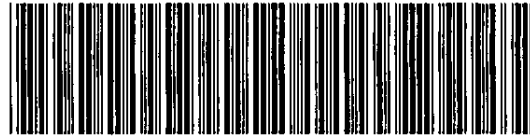
Special Instructions to Filing Officer:

A

B. KOHR  
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NOV - 6 2012

EXAMINER



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FILED  
12 NOV - 5 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Adverse 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:

Ryan Boulware

Name of Person

Adverse LLC

Firm/Company

111 E. Bay Street Ste. 201

Address

Jacksonville, FL 32202

City/State and Zip Code

ryan@adverse.co

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

For further information concerning this matter, please call:

Ryan Boulware

Name of Person

at ( 904 ) 826-7975

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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:

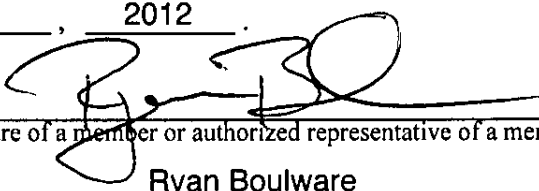
MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>   | <u>Address</u>   | <u>Type of Action</u>  |
|--------------|---------------|--|--|
| MGR          | Sam Robilotta | 4849 Florida Club Circle #3106<br>Jacksonville, FL 32216   | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | Ryan Boulware | 4849 Florida Club Circle #3106<br>Jacksonville, FL 32216   | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Ryan Boulware | 111 East Bay Street<br>Suite 201<br>Jacksonville, FL 32202 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR          | Adam Boulware | 111 East Bay Street<br>Suite 201<br>Jacksonville, FL 32202 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |               |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 1, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Ryan Boulware

\_\_\_\_\_  
Typed or printed name of signee