

L11000117394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

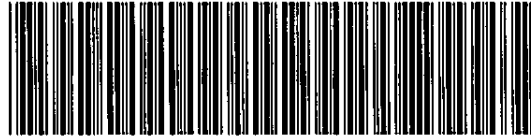
(Document Number)

Certified Copies _____ Certificates of Status _____

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Ryan Newsome
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAR -5 PM 12:27

Amend
@ 3/23/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superior Precision Rifles, 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 Newsome

Name of Person

Superior Precision Rifles, LLC

Firm/Company

83 Cara Trail

Address

Crawfordville, FL 32327

City/State and Zip Code

ryan@superiorprecisionrifles.com

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

For further information concerning this matter, please call:

Ryan Newsome

850 321-4845

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)

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

Page 1 of 3

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

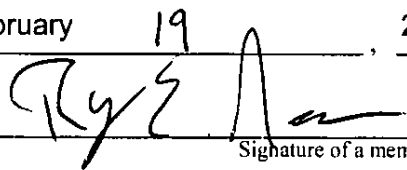
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kevin Hough	101 Mill Hollow Drive	<input checked="" type="checkbox"/> Add
		Crawfordville, FL 32327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

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 February 19, 2015



Signature of a member or authorized representative of a member

Ryan E. Newsome

Typed or printed name of signee