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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Guhgan SEP 25 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **850 MOTORS 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:

EUGENE CLASEMAN

Name of Person

850 MOTORS LLC

Firm/Company

8317 FRONT BEACH ROAD SUITE 29A2

Address

PANAMA CITY BEACH, FL 32407

City/State and Zip Code

GENE.850MOTORS@GMAIL.COM

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

For further information concerning this matter, please call:

EUGENE CLASEMAN

Name of Person

at **850 6240217**

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

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>
MGRM	GARRITY, ALEX	8317 FRONT BEACH ROAD SUITE 29A2	<input type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32407	<input checked="" type="checkbox"/> Remove
MGRM	BARRAMEDA, BRANDO	8317 FRONT BEACH ROAD SUITE 29A2	<input type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32407	<input checked="" type="checkbox"/> Remove
MGRM	HAWK, KENNETH	8700 FRONT BEACH ROAD #7212	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32407	<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.)*

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 _____, _____.



Signature of a member or authorized representative of a member

EUGENE CLAXMAN

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA