

L13000/4,9002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

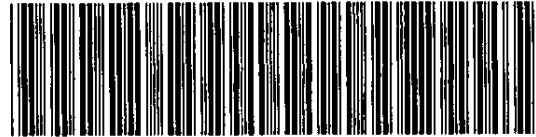
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TALLAHASSEE, FLORIDA

AUG 16 2017

YOUNGER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** IHUB PARTNERS 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:

Ron Walls

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

8310 Cherry Lake Road

\_\_\_\_\_  
Address

Groveland, FL 34736

\_\_\_\_\_  
City/State and Zip Code

rontwalls@gmail.com

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

For further information concerning this matter, please call:

Ron Walls

at ( 407 ) 929-6342

\_\_\_\_\_  
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

## IHUB PARTNERS LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	JAMES BUNNELL	6321 DANIELS PARKWAY	<input type="checkbox"/> Add
		SUITE 200	<input checked="" type="checkbox"/> Remove
		FORT MYERS, FL. 33912	<input type="checkbox"/> Change
MGR	RON WALLS	8310 CHERRY LAKE ROAD	<input checked="" type="checkbox"/> Add
		GROVELAND, FL 34736	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

17 AUG 19 04 AM  
STATION OF  
FALLAHASSEE, F

17 AUG 14 AM 11:45  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 8/7, 2017

Signature of a member or authorized representative of a member

## Ron Walls

Typed or printed name of signee