

L
L14000059001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

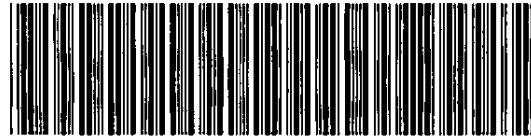
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200262641252

08/01/14--01007--011 **25.00

2014 AUG - 1 PM 1:00
CLERK OF COURT
-CLERK OF COURT-
-CLERK OF COURT-

FILED

AUG - 1 2014

T CLINE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Dach's Speed Shop & Custom Cycles 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:

Phillip W. J. Loney

Name of Person

Dach's Speed Shop & Custom Cycles LLC.

Firm/Company

6721 14th St. N.

Address

St. Petersburg, FL. 33702

City/State and Zip Code

phillloneous@yahoo.com

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

For further information concerning this matter, please call:

Phillip Loney

Name of Person

at **(727) 593-4390**

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

2014 AUG - 1 PM 1:00

FILED

Dach's Speed Shop & Custom Cycles LLC.

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

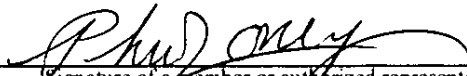
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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 July 28, 2014



Signature of a member or authorized representative of a member

Phillip W. J. Loney

Typed or printed name of signee

2014 AUG -1 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FL 32304

FILED