

L1410000065453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

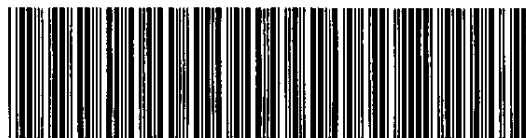
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

SEP 18 2014

J. BRUCE

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Contego Concepts, 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:

William P. O'Brien

Name of Person

Old: Contego Concepts, LLC

Firm/Company

New: OB Products, LLC

1721 Independence Blvd. Ste A4

Address

Sarasota, FL 34234

City/State and Zip Code

bill@obproductsllc.com

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

For further information concerning this matter, please call:

William O'Brien

Name of Person

at ( 941 ) 351-8182

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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TALLAHASSEE, FLORIDA  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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Contego Concepts, LLC

OB Products, LLC

not applicable

not applicable

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**ZIP CODE**

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

Only amending the company name to:  
OB Products, LLC

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

William O'Brien

Typed or printed name of signee

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Filing Fee: \$25.00

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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