

L14000184090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

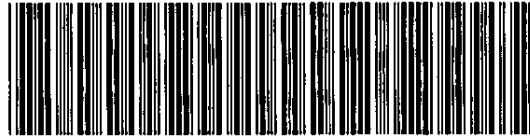
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300278294043

10/26/15--01021--001 **25.00

FILED
2015 OCT 26 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 28 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Runnin & Gunnin Change of Authorized Members
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:

Samantha Zaworski
Name of Person

Runnin & Gunnin LLC
Firm/Company

16055 Begonia Drive
Address

Punta Gorda, FL 39955
City/State and Zip Code

runnin.gunnin@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Zaworski at (239) 810-5457
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

FILED

2015 OCT 26 AM 11:44
SECRETARY
AL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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	William Lloyd JR	8529 Alfred Blvd	<input type="checkbox"/> Add
		Punta Gorda FL 33982	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alicia Lloyd	16055 Begonia Dr.	<input checked="" type="checkbox"/> Add
		Punta Gorda FL 33955	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 OCT 26 AM 8:44
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

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

EIN # 47-5330676

FILED
2015 OCT 26 AM 11:44
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 10/16/15 (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 October 16th, 2015.

Szyaworski

Signature of a member or authorized representative of a member

Samantha Zaworski

Typed or printed name of signee