

L15000070402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

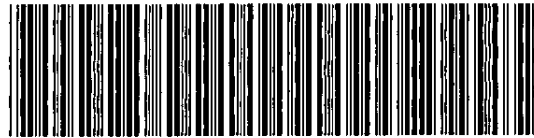
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200300692622

06/27/17--01014--020 \*\*30.00

FILED  
17 JUN 27 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 29 2017  
J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MSG Pensacola, 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:

Regan Reece  
Name of Person

Market Street Group LLC  
Firm/Company

PO Box 2286  
Address

Rincon GA 31326  
City/State and Zip Code

rreece@marketstreetgroupllc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Regan Reece at (912) 295-2941  
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

MSG Pensacola, 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          | Gary Bellomy               | 19 Market<br>Beaufort SC 29906 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input checked="" type="checkbox"/> Change |
| MGR          | Market Street Group<br>LLC | 19 market<br>Beaufort SC 29906 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
|              |                            |                                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change                       |
|              |                            |                                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change                       |
|              |                            |                                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change                       |
|              |                            |                                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change                       |
|              |                            |                                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change                       |
|              |                            |                                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change                       |

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

Mailing Address:  
P.O. Box 2286  
Rincon, GA 31326

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 June 22, 2017.

[Signature]  
Signature of a member or authorized representative of a member

Gary Bellomy, Managing Member  
Typed or printed name of signee

17 JUN 27 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED