

# L16000048115

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2016 NOV 17 P 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
NOV 18 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RONMICPOO FAMILY, 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:

**Michele Mohr**

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

**RONMICPOO FAMILY, LLC.**

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

**611 Wild Flower St.**

\_\_\_\_\_  
Address

**Merritt Island, FL 32953**

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

**michelemohr@cfl.rr.com**

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

For further information concerning this matter, please call:

**Michele Mohr**

**321**

**917-1922**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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)

☐ \$80.00 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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## Page 1 of 3

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2016 NOV 17 P 1:11  
Zip Code  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
I agree to comply

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>                      |
|--------------|--------------|--------------------------|--|
| MGRM         | MICHELE MOHR | 611 WILD FLOWER ST.      | <input checked="" type="checkbox"/> Add    |
|              |              | MERRITT ISLAND, FL 32953 | <input type="checkbox"/> Remove            |
|              |              |                          | <input type="checkbox"/> Change            |
| MGRM         | RON MOHR     | 611 WILD FLOWER ST.      | <input checked="" type="checkbox"/> Add    |
|              |              | MERRITT ISLAND, FL 32953 | <input type="checkbox"/> Remove            |
|              |              |                          | <input type="checkbox"/> Change            |
| AMBR         | MOHR         | 611 WILD FLOWER ST.      | <input type="checkbox"/> Add               |
|              |              | MERRITT ISLAND, FL 32953 | <input checked="" type="checkbox"/> Remove |
|              |              |                          | <input type="checkbox"/> Change            |
| AMBR         | MICHELE MOHR | 611 WILD FLOWER ST.      | <input type="checkbox"/> Add               |
|              |              | MERRITT ISLAND, FL 32953 | <input checked="" type="checkbox"/> Remove |
|              |              |                          | <input type="checkbox"/> Change            |
| MGR          | MOHR         | 611 WILD FLOWER ST.      | <input type="checkbox"/> Add               |
|              |              | MERRITT ISLAND, FL 32953 | <input checked="" type="checkbox"/> Remove |
|              |              |                          | <input type="checkbox"/> Change            |
|              |              |                          | <input type="checkbox"/> Add               |
|              |              |                          | <input type="checkbox"/> Remove            |
|              |              |                          | <input type="checkbox"/> Change            |

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

**OWNERSHIP:**

RON MOHR - 49%

MICHELE MOHR - 49%

BRIAN MOHR - 1%

GRETA YOUNG - 1%

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

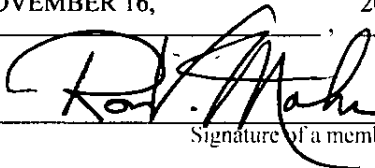
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 NOVEMBER 16, 2016



Signature of a member or authorized representative of a member

RON MOHR

Typed or printed name of signee