

46000055788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

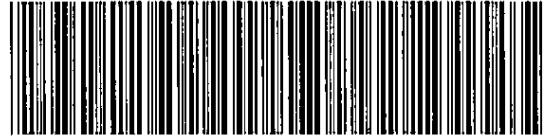
(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend/cuis

JUL 31 2019

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKS Haul-N 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:

Tracy & Kelly Bonewit
Name of Person

SKS Haul-N LLC
Firm/Company

76295 Dove Rd
Address

Gulf Breeze FL 32097
City/State and Zip Code

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

For further information concerning this matter, please call:

Tracy Bonewit at (904) 624-3167
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

SKS Haul-N 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> |
|--------------|---------------|----------------|--|
| AMBR | Tracy Bonewit | 76295 Dove Rd | <input type="checkbox"/> Add |
| | | Yulee Fl 32097 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change Title |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

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

Schedule A Percentage Changes

Tracy D. Bosewitz 76%

Kelly A. Bonewit 8%

Adam D. Tecl 8%

Stephanie N. Teel 89.

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.

(b) The 90th day after the record is filed.

Dated July 23, 2019.

Tracy D Bonewit
Signature of a member or author

Signature of a member or authorized representative of a member

Tracy D. Bonewit

Typed or printed name of signee