

L16000676760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

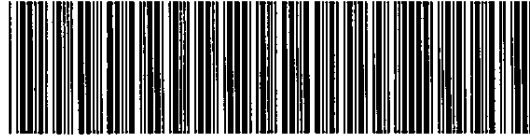
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUL 13

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Concealed Weapons Course, 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:

David Kaufman

Name of Person

Florida Concealed Weapons Course, LLC

Firm/Company

11555 Heron Bay Blvd #200

Address

Coral Springs, FL 33076

City/State and Zip Code

david@floridaconcealedweaponscourse.com

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

For further information concerning this matter, please call:

David Kaufman

954

780-6835

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)

☐ \$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

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

Recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	David Kaufman	1950 Oakmont Terr	☒ Add
		Coral Springs, Fl. 33071	☐ Remove
			☐ Change
AR	Joshua Saunders	6804 W. Sample Road	☐ Add
		Coral Springs, Fl 33067	☒ Remove
			☐ Change
	N/A		☐ Add
			☐ Remove
	N/A		☐ Change
			☐ Add
			☐ Remove
			☐ Change
	N/A		☐ Add
			☐ Remove
			☐ Change
	N/A		☐ Add
			☐ Remove
			☐ Change

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

N/A

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TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: N/A (optional)

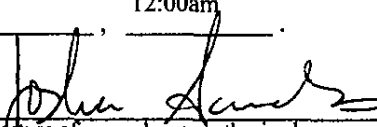
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 07/11/2016

12:00am


Signature of a member or authorized representative of a member

Joshua Saunders

Typed or printed name of signee