

216000076760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

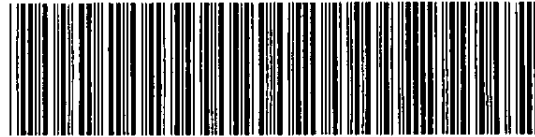
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200288952312

08/10/16--01005--003 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 AUG -9 P 2:44

FILED

AUG 10 2016  
LIBRARY

August 8, 2016


Registration Section

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

On August 3, 2016 I purchased "Florida Concealed Weapons Course LLC from David Kaufman, FL Document Number L16000076760 and submitted required documentation on August 5th. I failed to enclose the required check for \$30 for filing fee and certificate of status. PLease apply the enclosed check for this service.

  
Scott Adams

2016 AUG -9 P 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**From:** corphelp corphelp@DOS.MyFlorida.com  
**Subject:** RE: Florida Concealed Weapons Course - LLC #L16000076760  
**Date:** August 8, 2016 at 1:45 PM  
**To:** Scott Adams scotto2823@me.com



Thank you for your email. You can print a copy of this email and return it to us by mail with your check. The address is in the letter that is copied below.

Thank you.

Lee Rivers, Internet Support Section  
Florida Division of Corporations

August 8, 2016

SCOTT B ADAMS  
1314 E. LAS OLAS BLVD, #1203  
FORT LAUDERDALE, FL 33301

SUBJECT: FLORIDA CONCEALED WEAPONS COURSE. LLC  
Ref. Number: L16000076760

We have received your document for FLORIDA CONCEALED WEAPONS COURSE. LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$30.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II      Letter Number: 016A00016615

www.sunbiz.org  
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida  
32314

-----Original Message-----

**From:** Scott Adams [mailto:scotto2823@me.com]  
**Sent:** Monday, August 08, 2016 11:20 AM  
**To:** corphelp  
**Cc:** Scott Adams  
**Subject:** Florida Concealed Weapons Course - LLC #L16000076760

I purchased this corporation from David Kaufman on August 3rd. I submitted the Articles of Amendment to transfer over to my name from Mr. Kaufman. I forgot to enclose my check for \$30 for the filing fee and Cert of Status. Can you advise the best way to forward the check. Thank you

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 AUG -9 P 2:44

FILED

Scott Adams  
954-821-9000

The Department of State is committed to excellence.

Please take our Customer Satisfaction Survey<<http://survey.dos.state.fl.us/index.aspx?email=corphelp@DOS.MyFlorida.com>>.

In Summer 2016, Sunbiz.org is getting a facelift! The Florida Division of Corporations will be launching a new and improved website this summer. There will be no major changes until after the 2016 annual report filing season ends on May 1. See the announcement on at [www.sunbiz.org/coming-soon/](http://www.sunbiz.org/coming-soon/) for more information.

FILED

2016 AUG -9 P 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

SCOTT B. ADAMS

Name of Person

—  
Firm/Company

1314 E. LAS OLAS BLVD., #1203

Address

FORT LAKERDALE, FL 33301

City/State and Zip Code

~~SCOTT@SCB~~ SCOTT02823@ME.COM

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

For further information concerning this matter, please call:

SCOTT B. ADAMS

Name of Person

at (954) 821-9000

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

2016 AUG -5 PM 3:48

2016 AUG -9 P 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FLORIDA CONCEALED WEAPONS COURSE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 3 AUGUST 2016 and assigned Florida document number L16000076760.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1314 E. LAS OLAS BLVD #1203  
FORT LAUDERDALE, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1314 E. LAS OLAS BLVD, #1203  
FORT LAUDERDALE, FL 33301

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SCOTT B. ADAMS

New Registered Office Address:

1314 E. LAS OLAS BLVD #1203

Enter Florida street address

FORT LAUDERDALE, Florida 33301

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Scott B. Adams

If Changing Registered Agent, Signature of New Registered Agent



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>
RA	Scott B. Adams	1314 E. LAS OLAS BLVD #1203 FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AR	Scott B. Adams	1314 E. LAS OLAS BLVD #1203 FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
RA	David Kaufman	1950 OAKMONT TERR CORAL SPRINGS FL 33071	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AR	David Kaufman	1950 OAKMONT TERR CORAL SPRINGS FL 33071	<input type="checkbox"/> Add <input checked="" 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



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

Handwritten signature across the lines.

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 August 3, 2016.

Handwritten signature of David Kaufman.

Signature of a member or authorized representative of a member

DAVID KAUFMAN

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG - 8 P 2:44

FILED

Handwritten mark: (De)