

**L17000009988**

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

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

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

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

☐

PICK-UP

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WAIT

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MAIL

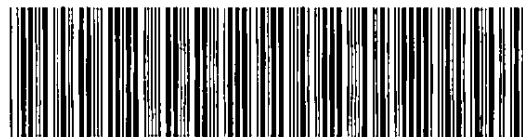
\_\_\_\_\_  
(Business Entity Name)

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

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Redline Custom Motorsportz  
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:

Arthur F. Mann  
Name of Person

Firm/Company

2807 Orient Rd  
Address

Tampa FL 33619  
City/State and Zip Code

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

For further information concerning this matter, please call:

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

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	Juan V Nieves	4014 W Waters Ave	<input type="checkbox"/> Add
		Tampa, FL 33614	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AmBR	Arthur F. Mann	15424 Long Cypress Dr	<input checked="" type="checkbox"/> Add
		Ruskin FL 33573	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Marcos A. Durrant	15424 Long Cypress Dr	<input checked="" type="checkbox"/> Add
		Ruskin FL 33573	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Zachary D. Paige	15424 Long Cypress Dr	<input checked="" type="checkbox"/> Add
		Ruskin FL 33573	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Tishara Griffin	2697 Columbus Way S	<input checked="" type="checkbox"/> Add
		ST Pete, FL 33715	<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.)*

**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 filed 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 27, 2017



Arthur F. Mann

Typed or printed name of signee