

L17000020720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

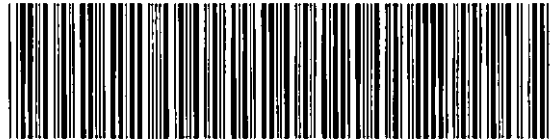
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 OCT 17 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FL

FILED

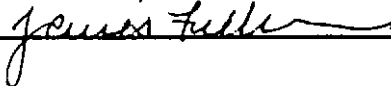
2022 OCT 17 PM 5:09

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: 120210000160 Amount: paid: \$25.00

Authorization Signature

Broadbottom Wheels LLC L17000020720



Business Name

Document #

☐ Photocopy

☐ Certified Copy (s) Articles of Organization

☐ Certificate of Status

NEW FILINGS

☐ FOR Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**

☐ LLLP

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

☐ ARTICLES OF CORRECTION

☐ APOSTIL ()

Country

AMMENDMENTS

☒ Amendment
☐ Resignation or Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ **Conversion**
☐ Articles of Conversion
☐ Resignation

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership

☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Broadbottom Wheels 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

Phillip L. Beard

Name of Person

Broadbottom Wheels LLC

Firm/Company

1306 Eckles Dr.

Address

Tampa, FL 33612

City/State and Zip Code

broadbottomrecon@gmail.com

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

For further information concerning this matter, please call:

Phillip L. Beard

501

940-4004

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

Only amending the name

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SECRET

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 October 13th

2022

Signature of a member or authorized representative of a member

Philip L. Beard

Typed or printed name of signee

Filing Fee: \$25.00