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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HISTORIC AUTOS 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:

JONATHAN BRUMLEVE

Name of Person

HISTORIC AUTOS LLC

Firm/Company

1200 NETWORK CENTRE DRIVE

Address

EFFINGHAM, IL 62401

City/State and Zip Code

JBRUMLEVE@HEARTLAND.COM

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

For further information concerning this matter, please call:

JONATHAN BRUMLEVE

217 540-5181
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	RICHARD WORKMAN	9800 WALZER COURT	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JONATHAN BRUMLEVE	1200 NETWORK CENTRE DR	<input type="checkbox"/> Add
		EFFINGHAM, IL 62401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CURTIS FROST	1200 NETWORK CENTRE DR	<input type="checkbox"/> Add
		EFFINGHAM, IL 62401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	THOMAS HILL	1200 NETWORK CENTRE DR	<input type="checkbox"/> Add
		EFFINGHAM, IL 62401	<input type="checkbox"/> Remove
			<input checked="" 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.)*

17 JUN 1954

17 JUL 1952

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 JUNE 1, 2017

Reif Wakenow DWS

Signature of a member or authorized representative of a member

RICHARD WORKMAN

Typed or printed name of signee