

L 8000231124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

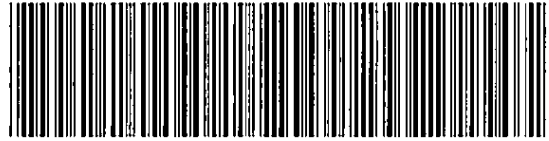
(Business Entity Name)

(Document Number)

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

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T. BUCKINGHAM BIRD  
ATTORNEY AT LAW  
P.O. BOX 247  
Monticello, Florida 32345



(850) 997-3503  
tbird@birdlawfl.com

(850) 997-7109 (fax)  
170 N. Waukeenah St.

January 30, 2023

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314  
Attn: Registration Section

Re: Inline Custom Services, LLC  
Articles of Amendment

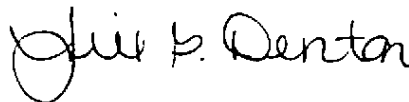
Dear Sir/Madam:

Enclosed please find an Articles of Amendment in regards to the above referenced Inline Custom Services, LLC, along with check #506 to cover the filing fee.

Also, enclosed is a self-addressed, stamped envelope for your convenience of returning the original filed document to my office.

Should you have any questions concerning the above, please contact me.

Respectfully,



Jill G. Denton

JGD/ds

Enclosures as stated

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Inline Custom Services, 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:

Christopher G. Watts

Name of Person

Inline Custom Services, LLC

Firm/Company

443 Magnolia Ridge Road

Address

Monticello, Florida 32344

City/State and Zip Code

cwatts1611@gmail.com

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

For further information concerning this matter, please call:

Christopher G. Watts

850 459-6985  
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

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TALLAHASSEE, FL

**If Changing Registered Agent, Signature of New Registered Agent**



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

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CLERK OF DISTRICT COURT  
STATE OF IDAHO  
MILLER'S REEF FL

**F. 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 January 24, 2024

Christopher G Watts

Signature of a member or authorized representative of a member

Christopher G. Watts

Typed or printed name of signee