

K18000237340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

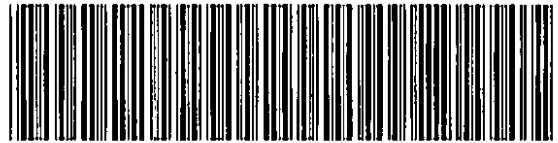
(Business Entity Name)

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2022 MAY 31 PM 1:35  
11:30  
11:30

8/6/2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ZURI SPORTS GEAR, 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:

Julian Charles

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

68 Landau Street

\_\_\_\_\_  
Address

Boynton Beach , FL 33426

\_\_\_\_\_  
City/State and Zip Code

JCCHARLES@OUTLOOK.COM

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

For further information concerning this matter, please call:

Julian Charles

561 843-4278

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount: \$30.00

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

2022 MAY 31 PM 1:35

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

**MGR = Manager**  
**AMBR = Authorized Member**

AMBR = Authorized Member

[illegible]

[illegible]

**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.

Dated May 26th, 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Julian Charles  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**