

L19000 161077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

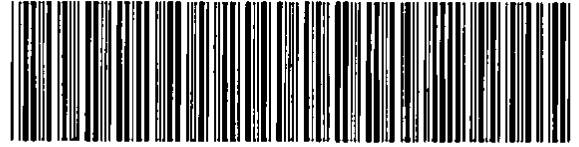
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900331554009

U.S. DEPARTMENT OF JUSTICE

FILED  
2019 JUL 12 AM 10:20  
RECEIVED  
JUL 12 2019

Y SULKER

JUL 19 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FATHEAD RACING ENGINES 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:

HENRY OCONNELL

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

WH OCONNELL & ASSOCIATES PA

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

2825 LEWIS SPEEDWAY SUITE 104

\_\_\_\_\_  
Address

ST. AUGUSTINE, FL 32084

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

HENRY@WHOCPA.COM

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

For further information concerning this matter, please call:

HENRY OCONNELL

904

829-0082

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

2019 JUL 12 AM 10:20  
FILING  
RECEIVED

## Page 1 of 3

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>
MGR	DALTON RUSSELL	40 MARSHVIEW DR	<input type="checkbox"/> Add
		ST AUGUSTINE FL 32080	<input type="checkbox"/> Remove
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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

SEP 19 2019 JUN 12 AM 10:20  
FILED

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

2019 JUL 12 AM 10:20  
SUN 11 543  
RA 11 543

FILED  
2019 JUL 12 AM 11:20  
CLERK OF DISTRICT COURT  
JUL 11 2019

**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

7/10

20/9

Paul R. Kelly

Signature of a member or authorized representative of a member

## DALTON RUSSELL

Typed or printed name of signee