

L19000 280 281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

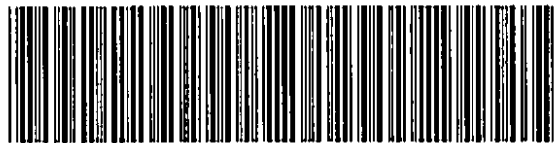
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200338273282

12/20/19 10:40:19-017 25.01

JAN 23 2020
S. YOUNG

FILED
19 DEC 20 PM 7:37

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SALTY ASS DOG BAIT & TACKLE, 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:

IAN S. COLEMAN, SR.

Name of Person

SALTY ASS DOG BAIT & TACKLE, LLC

Firm/Company

2201 S US 41

Address

RUSKIN, FL 33570

City/State and Zip Code

INFO@SALTYASSDOG.COM

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

For further information concerning this matter, please call:

IAN S. COLEMAN, SR.

at (813) 787-3690

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

FILED
19 FEB 26 PM 7:
_____ and assigned

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

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	IAN S. COLEMAN, SR.	2201 S US 41	<input checked="" type="checkbox"/> Add
		RUSKIN, FL 33570	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JACQUELINE M. FLETCHER	4008 PIPPIN RD	<input type="checkbox"/> Add
		PLANT CITY, FL 33567	<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
			<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.)*

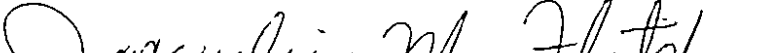
[illegible]

E. **Effective date, if other than the date of filing:** 12/11/2019 (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 DECEMBER 11 2019


Signature of a member or authorized representative of a member

JACQUELINE M. FLETCHER

Typed or printed name of signee