

17C 000 108 599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

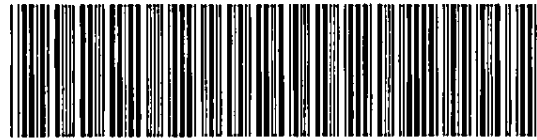
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/12/21--01018--008 **60.00

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Handwritten signature/initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OFFROAD ADDX, L.L.C.

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:

CYNTHIA L. WREN

Name of Person

OFFROAD ADD-X, L.L.C.

Firm/Company

6774 BILL LUNDY RD

Address

LAUREL HILL, FL 32567-8300

City/State and Zip Code

OFFROADADDX@GMAIL.COM

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

SECRETARY OF STATE
OFFICE OF THE SECRETARY

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For further information concerning this matter, please call:

MIKE WREN

at (850)

826-8166

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

If Changing Registered Agent, Signature of New Registered Agent

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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STONINGTON CT STATE
CLERK

2021 JUN 12 PM 2:06
SECRET//NOFORN

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DEPT. OF JUSTICE
RECEIVED

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 August 9 2021

Ynt LK Sig

Signature of a member or authorized representative of a member

CYNTHIA L. WREN

Typed or printed name of signee