

L21 000060389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

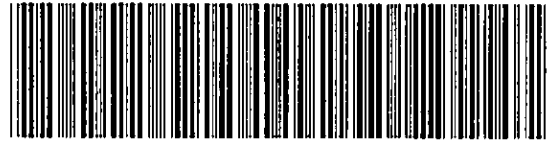
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300375369083

002283204581989543755

10/22/21--01014-- \*\*25.00

10/22/21--01014-- \*\*25.00

10/22/21--01014--006 \*\*25.00

21 OCT 22 PM 3:55

T. MATTHEWS

NOV - 1 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Full Throttle Social

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:

John DeTomasso

Name of Person

Full Throttle Social

Firm/Company

5424 WATTS TERRACE

Address

PAIM BEACH GARDENS FL 33418

City/State and Zip Code

JOHN@FULLTHROTTLESOCIAL.COM

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

For further information concerning this matter, please call:

JOHN DETOMASSO

Name of Person

at ( 561 )

Area Code

529-0042

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

...the fact that the *in vitro* and *in vivo* results are in good agreement.

The Articles of Organization for this Limited Liability Company were filed on 02/03/2021 and assigned Florida document number L21000060389

**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>
MGR	John DeTomasso	5424 WATTS TERRACE PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KATIE L. TRESS	5424 WATTS TERRACE PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Add
			<input checked="" 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

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

21 OCT 22 PM 3:35

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)

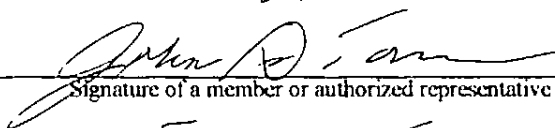
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10.19.21

AD



Signature of a member or authorized representative of a member

JOHN DETOMASSO

Typed or printed name of signee