

121000156329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

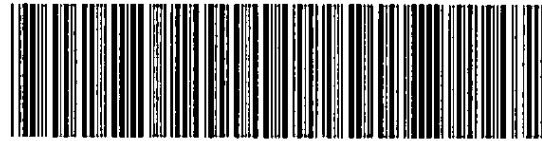
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FEB 7 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shadow Warrior Riders Treasure Coast Chapter 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:

Jason S. Epling

Name of Person

Warrior Riders MC Treasure Coast Chapter LLC

Firm/Company

14675 115th St.

Address

Fellsmere, FL 32948

City/State and Zip Code

Doc.wrmc@gmail.com

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

For further information concerning this matter, please call:

Jason S. Epling

863 381-4334
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 32304-6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. G St.
Tallahassee, FL 32304-6327

1

[illegible]

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>
AMBR	LEIGH, DAVID E	7866 106TH	<input type="checkbox"/> Add
		VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EPLING II, STANLEY T.	6327 CAMBRIDGE DR.	<input checked="" type="checkbox"/> Add
		SEBRING, FL 33876	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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: _____ (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 1 February 2022

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JASON S. EPLING

Typed or printed name of signee