

L21000334042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

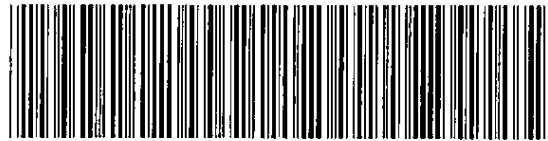
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CLERK OF SUPERIOR COURT
JANUARY 1, 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA SLINGSHOT RENTAL OF VOLUSIA, 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:

MARICELI SEGARRA

Name of Person

JPR ACCOUNTING LLC

Firm/Company

2751 ENTERPRISE RD, SUITE 209

Address

ORANGE CITY, FL 32763

City/State and Zip Code

JPR_OCFL@ICLOUD.COM

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

For further information concerning this matter, please call:

MARICELI SEGARRA

386 216-4936
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STONE, L. ESTABLISHED
1911

STONE, L. ESTABLISHED
1911

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	HECTOR MONTALVO	597 E OAKWOOD AVE	<input type="checkbox"/> Add
		ORANGE CITY, FL 32763	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ELIZABETH FIGUEROA	597 E OAKWOOD AVE	<input checked="" type="checkbox"/> Add
		ORANGE CITY, FL 32763	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRANNON GUERRERO	597 E OAKWOOD AVE	<input checked="" type="checkbox"/> Add
		ORANGE CITY, FL 32763	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRYAN FIGUEROA	3189 YARMOUTH AVE	<input type="checkbox"/> Add
		DELTONA, FL 32738	<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
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			<input type="checkbox"/> Change

[illegible]

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.

Dated OCTOBER 23, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00