

122000349367

(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

*[Handwritten Signature]*



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09/26/22--01011--027 \*\*25.00

22 SEP 26 PM 12:58  
DIVISION OF CORP. REGISTRATION

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Zero Tolerance Tactical 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:

Ryan Forney

\_\_\_\_\_  
Name of Person

zero tolerance tactical llc

\_\_\_\_\_  
Firm/Company

6949 Boston Rd

\_\_\_\_\_  
Address

Cocoa FL 32927

\_\_\_\_\_  
City/State and Zip Code

ryanforeney321@yahoo.com

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

For further information concerning this matter, please call:

Ryan Forney

321

4586678

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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Division of Corporations  
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>
MGR	Ryan Forney	6949 Boston RD Cocoa FL 32927	<input checked="" 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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22 SEP 26 PM 12:28  
DIVISION OF REVENUE  
STATE OF FLORIDA

22 SEP 26 PM 12: 58

22 SEP 26 PM 12:58

(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)

Dated 09/22/2022

Signature of a member or authorized representative of a member

Ryan Forney

Typed or printed name of signee

**Filing Fee: \$25.00**