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(N/A)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, DC 20535

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pompano Pickle, 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:

Emily Wehr

Name of Person

Firm/Company

2824 ne 36th st

Address

Ft. lauderdale, Florida 33308

City/State and Zip Code

Emily@wehrjohnson.com

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

For further information concerning this matter, please call:

Emily Wehr

417 619-6167
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

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	Scott Bodenweber	1153 N. Rio Vista Blvd	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, Florida 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Holly Bodenweber	1153 N. Rio Vista Blvd	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, Florida 33301	<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"/> Remove
			<input type="checkbox"/> Change

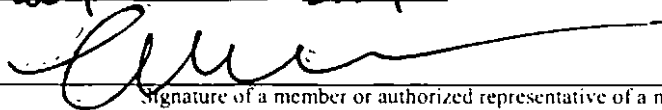
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Handwritten amendments in the "D" section:

- Line 1: *1*
- Line 2: *2*
- Line 3: *3*
- Line 4: *4*
- Line 5: *5*
- Line 6: *6*
- Line 7: *7*
- Line 8: *8*
- Line 9: *9*
- Line 10: *10*
- Line 11: *11*
- Line 12: *12*
- Line 13: *13*
- Line 14: *14*
- Line 15: *15*
- Line 16: *16*
- Line 17: *17*
- Line 18: *18*
- Line 19: *19*
- Line 20: *20*

E. Effective date, if other than the date of filing: 9/9/2024 (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 September 9, 2024


Emily Wehr

Typed or printed name of signee