

L2500157707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FM
12-30-25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLAREKOID 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:

TYLER C WHITWORTH

Name of Person

FLAREKOID LLC

Firm/Company

PO BOX 465

Address

LAKE HAMILTON FL 33851

City/State and Zip Code

TCRYALS@PROTON.ME

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

For further information concerning this matter, please call:

TYLER C WHITWORTH

813 3954430
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	TYLER C WHITWORTH	909 W MAIN ST LAKE HAMILTON FL 33851	☒ Add
			☐ Remove
			☐ Change
MGR	DEBRA J WHITWORTH	909 W MAIN ST LAKE HAMILTON FL 33851	☐ Add
			☒ Remove
			☒ Change
MGR	CLAY W WHITWORTH	909 W MAIN ST LAKE HAMILTON FL33851	☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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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 ~~APRIL 11~~ April 28, 2025

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00