

1724000058628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

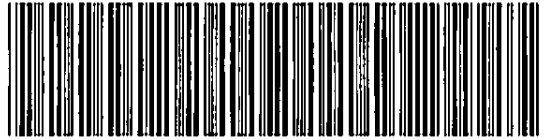
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/24/24--01023--025 **25.00

FILED
2024 SEP -3 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COPY

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2024

RON RAMPOLLA
7901 4TH ST., N. STE 300
ST. PETERSBURG, FL 33702

SUBJECT: WESTWARD BOUND, LLC
Ref. Number: M24000008628

We have received your document for WESTWARD BOUND, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers
Regulatory Specialist III

Letter Number: 224A00017208

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Westward Bound LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ron Rampolla
Name of Person

Firm/Company

13014 N. Dale Mabry Hwy #245
Address

Tampa FL 33610
City/State and Zip Code

ronrampolla@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ron Rampolla at (913) 833-7311
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Westward Band LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

13014 N. Dale Mabry Hwy #245
Tampa FL 33618

2. The Florida document number of this limited liability company is: M24000008688

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: 07/03/2024

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>Ron Rampolla</u>	<u>7901 4th St. N.</u> <u>Suite 300</u> <u>St. Petersburg FL 33702</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MBR</u>	<u>Ron Rampolla</u>	<u>7901 4th St. N.</u> <u>Suite 300</u> <u>St. Petersburg FL 33702</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
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<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Ron Rampolla

Typed or printed name of signee

Filing Fee: \$25.00