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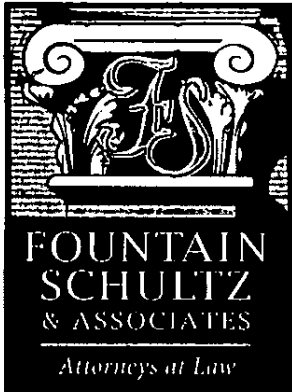
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 OCT 13 A 11:58

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OCT 13 2016



KENNETH R. FOUNTAIN
KERRY ANNE SCHULTZ
SCOTT C. BRIDGFORD

2045 FOUNTAIN PROFESSIONAL CT.
SUITE A
NAVARRE, FLORIDA 32566
TEL: (850) 939-3535
FAX: (850) 939-3539

SANTA ROSA BEACH
TEL: (850) 622-2700
FAX: (850) 622-2722

October 11, 2016

VIA REGULAR U.S. MAIL

Registration Section
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

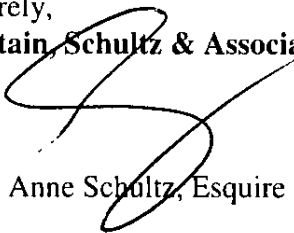
Re: Amendment for AJ Hospitality FWB, LLC

Dear Sir or Madam:

Enclosed please find the original Articles of Amendment to The Articles of Organization of AJ Hospitality FWB, LLC. Also enclosed is our check in the amount of \$25.00 for filing.

Thank you for your assistance in this and should you have questions, please let us know.

Sincerely,
Fountain, Schultz & Associates, P.L.


Kerry Anne Schultz, Esquire

KAS: mtl
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AJ HOSPITALITY FWB, 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:

KERRY ANNE SCHULTZ
Name of Person

FOUNTAIN, SCHULTZ & ASSOCIATES, PL
Firm/Company

2045 FOUNTAIN PROFESSIONAL CT., SUITE A
Address

NAVARRE, FL 32566
City/State and Zip Code

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

For further information concerning this matter, please call:

KERRY ANNE SCHULTZ at (850) 939-3535
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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	POWELL, DAVID L	1241 AIRPORT RD	<input type="checkbox"/> Add
		STE H	<input checked="" type="checkbox"/> Remove
		DESTIN, FL 32541	<input type="checkbox"/> Change
PRES	PATEL, PRASHANT H	472 HUGH ADAMS RD	<input type="checkbox"/> Add
		DEFUNIAK SPRINGS, FL	<input checked="" type="checkbox"/> Remove
		32435	<input type="checkbox"/> Change
MGR	PATEL, PRASHANT H	100 MIRACLE STRIP PKWY	<input checked="" type="checkbox"/> Add
		FORT WALTON BEACH, FL	<input type="checkbox"/> Remove
		32548	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (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 OCT 11th, 2016

Handwritten signature of Prashant Patel

Signature of a member or authorized representative of a member

10-11-16

PRASHANT PATEL

Typed or printed name of signee

2016 OCT 13 A 11:59 AM SECRETARY OF STATE DEPARTMENT OF FLORIDA

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