

L17000140348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

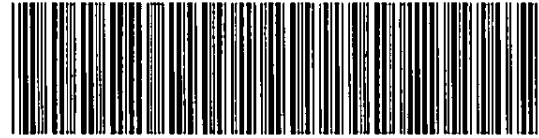
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
NOV - 3 2017

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	SANNTHIA FERTIL	12285 COLLIER BLVD, # 2/101	<input type="checkbox"/> Add
		NAPLES, FL 34116	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARCILE FERTIL	12285 COLLIER BLVD, # 2/101	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34116	<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"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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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 OCTOBER 31 2017

Signature of a member or authorized representative of a member

SAINT ANIE FERTIL

Typed or printed name of signee