

122 0000 90874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

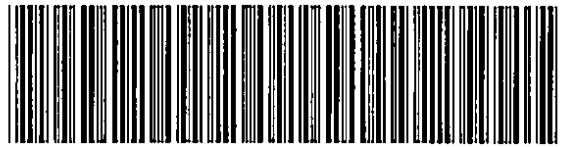
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DIVISION OF REVENUE  
2022 JUL 21 AM 11:27

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GENTLEMEN EMBRACING MANKIND

\_\_\_\_\_  
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:

JAISON MCNEELY

\_\_\_\_\_  
Name of Person

GENTLEMEN EMBRACING MANKIND

\_\_\_\_\_  
Firm/Company

4103 E. ELLICOTT ST. UNIT. 202

\_\_\_\_\_  
Address

TAMPA, FL. 33610

\_\_\_\_\_  
City/State and Zip Code

PROSPERITYPREVENTIVEPPM@GMAIL.COM

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

For further information concerning this matter, please call:

JAISON MCNEELY

813

924-1635

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

and assigned:

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Florida document number L22000090874

**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>
OWNER	MCNEELY, JAISON A.	4103 E. ELLICOTT STREET	<input type="checkbox"/> Add
		UNIT. 202	<input type="checkbox"/> Remove
		TAMPA, FL. 33610	<input checked="" type="checkbox"/> Change
MGR	FRAZIER, CHARLIE, III	400 NORTH ASHLEY DRIVE SUITE 1900	<input type="checkbox"/> Add
		TAMPA, FL. 33602	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.)*

2022 JUL 21 AM 11:27

THE UNIVERSITY OF CHICAGO

**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 JULY 19, 2022

Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

JAISON A. MCNEELY

Typed or printed name of signee